

IPC Complaint Form

Complainant's Details:

Name Contact Telephone No.

Address
.....
.....

Patient's Details if different from above:

Name Date of Birth.

Address
.....
.....

Summary of Complaint (i.e. what is it that you wish to complain about)

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Date of Incident Location of Incident

Member(s) of staff involved
.....

Where the complainant is not the patient:

I, hereby authorise this complaint to be made
and I agree that members of IPC Ltd. may disclose (in so far as it is necessary
to do so to answer the complaint) confidential information about me.

Patient's signature

Date