

# LARKSFIELD AND ARLESEY MEDICAL PARTNERSHIP



LARKSFIELD  
ARLESEY  
MEDICAL  
PARTNERSHIP  
GP Surgery

Arlesey Road, Stotfold, Hitchin, Herts SG5 4HB  
Tel: 01462 732200

---

## COMPLAINT FORM

### Patient details:

Name:

Address:

Date of birth:

Usual Branch:

### Complainant's details (if different from above)

Name:

Address:

**NB** We will be unable to investigate any complaint made on behalf of another until the attached authorisation is completed and returned.

**Details of complaint:** (Please ensure you give a full description of the events, dates, times, persons involved etc.)

Your complaint will be acknowledged in writing within *three working days*, or as soon as reasonably practicable. You will receive a written summary of the investigation and its conclusion *within ten working days*, or as soon as reasonably practicable.

**Complainant's signature:** .....

**Date:** .....