# ADVICE OF COMPLAINT

## **PART 1: COMPLAINANT DETAILS**

Name:	
Address:	
	Postcode:
Phone: Mobile:	
Email:	
Name of the patient (if you are both the person making the complain	int and the patient, please write 'as
above'):	
Address of the patient:	
· <del></del>	Postcode:
Age of the patient (if a child):	
If you are not the patient, what is your relationship to the patient?	(eg. Parent, medical adviser, carer):
If you are not the patient, do you have the patient's consent or knowled	ge? (please circle): YES/NO

## PART 2 – SUBJECT OF COMPLAINT

Which of the following is the subject of your complaint:

- The provision of pharmacy services (please complete section A)
- Pharmacy premises (please complete section B)
- Company/trust operating pharmacy premises (please complete section B)

### Section A - Pharmacy services

Name of the pharmacy:
Address:
PostCode:
If the complaint concerns a prescription please complete the following:
Date prescription left at the pharmacy:/ Time:: am/pm
Name of person leaving the prescription:
Name of the prescribing doctor:
Section B - Pharmacy Premises or Company/Trust Details
Name of the pharmacy/company/trust:
Address of the pharmacy/company/trust:

\_ Postcode: \_\_\_\_\_

## PART 3 – DETAILS OF COMPLAINT

Please describe your complaint (relevant details include the location, date and time of the incident and
details of any witnesses present):
Have you or any other person contacted the site/premises/company/trust regarding the complaint? If so
please provide details of the interaction:

Do you give permission for the details of this form and other relevant material which may be sent to us to be shown to the pharmacist(s) concerned? YES/NO