

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 complaint and the patient, please write 'as above'):

Address of the patient: _____

_____ 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 knowledge? (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: _____

