



REPORTING A COMPLAINT

Complainant's Details

Full Name & Title: _____

Address: _____

Telephone Number: _____

Relationship to Patient: _____

Patient's Details *(if different to Complainant)*

Full Name & Title: _____

Optix ID number *(to be completed by Lunettes)*: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Details of Complaint:

(please include as much detail as possible e.g. Date of events, person(s) involved)

Where the complainant is not the patient:

I (*the patient*) authorise the complaint set out above to be made on my behalf by (*the complainant*) and I agree that the practice may disclose to him/her (only insofar as is necessary to answer the complaint) confidential information about me which I provided to them.

Patient's signature: _____ Date: _____