

The ROTUNDA HOSPITAL  
Complaint Form

Submitted by: Patient ☐ Partner ☐ Relative ☐ Employee ☐

**1. Applicant Details (Please use BLOCK LETTERS)**

Surname:	Maiden Name:	First Name(s):
Current Address:  _____		
Telephone Number(s)	Hospital Number	

**2. Patient's Details (ONLY if different from above. Please use BLOCK LETTERS)**

Surname:	Maiden Name:	First Name(s):
Current Address:  _____		
Previous Address (at time of attendance at Rotunda):  _____		
Telephone Number(s)	Hospital Number	

**3. Personal Information**

If you are making a complaint on behalf of another person, the original consent of that person AND a photocopy of their photo ID is required. ***The consent & photo ID must accompany this form.***

**4. Application**

I wish for my complaint to be dealt with under the Hospital's Complaints Procedure ☐

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 5. Details of Complaint

Please note to help in processing your request this information will be stored in electronic format.

**The form can posted to:**  
Complaints Section, Quality and Patient Safety Department,  
The Rotunda Hospital, Parnell Square, Dublin 1.

For further information, please phone: 01 817 1751.