

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: _____

