

Fairhill Medical Practice Practice Complaints Procedure



If you have any complaints or concerns about the service that you have received from the doctors or staff at any of our branches, you are entitled to ask for an explanation. We operate an informal, in-house complaints procedure to deal with your complaints. This procedure does not deal with matters of legal liability or compensation.

Your complaint should be addressed to our Branch Manager, who will ensure that it is investigated thoroughly and as quickly as possible. We will acknowledge your complaint within 7 working days whenever possible, and will aim to get back to you as soon as possible.

Please note that the practice must ensure strict adherence to the rule of medical confidentiality. We cannot provide confidential information without appropriate authority if you are not the patient who is the subject of the complaint.

A copy of our complaint form is attached. You do not need to use the complaint form if you would prefer to write your own. Please do not hesitate to contact the Branch Manager of your registered branch.

Please complete and send in your complaint form as soon as possible.

Kingston Hill Branch

Mrs Pat Jones

81 Kingston Hill

KT2 7PX

020 8546 1407

Fairfield Branch

Mrs Parvin Mawji

14 Fairfield South

KT1 2UJ

020 8546 1771

Kingston University Branch

Mrs Susan Ingram

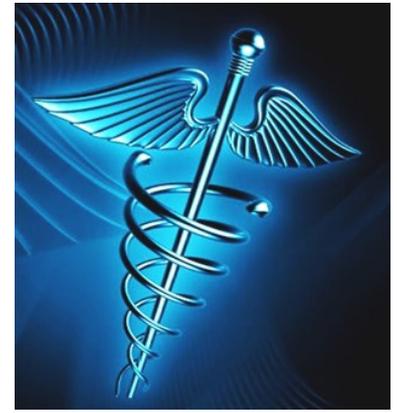
Penrhyn Road

KT1 2EE

020 8417 2204



Fairhill Medical Practice
Practice Complaints Procedure



Complainant's Details

Name: _____ DOB: _____

Address: _____

E-mail: _____

Tel No.: _____

Patient Details (if different from above)

Name: _____

Address: _____

Full Description of Events (please include date and time)

Where the complainant is not the patient (and appropriate consent NOT held)

I _____ hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patient's Signature: _____ Date: _____

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