

Complaint Form

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|--|-------------|
| Title | Name |
| Address | |
| | |
| Postcode | |
| Mobile number | Home number |
| Email | |
| Usual Practitioner | |
| Please write details of your complaint here: | |
| | |

Signed:

Name (PRINTED):

Date / /

Written complaints should be addressed to the Practice Manager. We aim to acknowledge any complaint within two working days and provide an explanation within 10 working days. It should be noted that, in some cases, more time may be required.

At the end of the investigation you will be informed what conclusion has been reached and what (if any) action is needed.

Please note: This does not affect your right to make representations to the General Dental Council