

# Complaints & PALS Service

Southgate House  
Pans Lane, Devizes  
Wiltshire  
SN10 5EQ

Tel: 0300 123 2103

## CONSENT FORM 2 – THIRD PARTY AUTHORITY TO ACT (1) WCCG/COMP/

When a complainant or enquirer is not the patient, consent is required from the patient for us to proceed with the investigation of a complaint or concern.

Please ask the patient to complete and sign the form below

I, \_\_\_\_\_, authorise for the complaint or concern to be made on my behalf by \_\_\_\_\_ and I agree that confidential information may be disclosed to this person (only insofar as it is necessary to answer the complaint).

Furthermore I give consent for Wiltshire CCG Complaints and PALs to discuss the case with any appropriate organisation for the purposes of investigating my complaint or concern.

I understand that the Complaints Service records my personal information on a confidential database. Information from the Complaints Service is used anonymously to help improve services.

Print Name:			
Address:			
Tel no:			
Signature:	Date:		