

Complaints & PALS Service

Complaints and PALS
 Southgate House
 Pans Lane, Devizes
 Wiltshire
 SN10 5EQ

Tel: 0300 123 2103

CONSENT FORM 3 – THIRD PARTY AUTHORITY TO ACT (2) WCCG/COMP/

When a complainant is not the patient and where the patient is unable to provide informed consent, evidence of lasting power of attorney, grant of probate or evidence of kinship (e.g. Birth Certificate) etc, is required from the complainant for us to proceed with the investigation of a complaint or concerns.

I, _____, hereby give consent for the Complaints Service to discuss the case concerning _____, with any appropriate organisation for the purposes of investigating my complaint.

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:		

Please enclose supporting documentation e.g. evidence of Lasting Power of Attorney, and return to the Complaints and PALS department at the above address

Interim Chief Officer: Linda Prosser | Chair: Dr Richard Sandford-Hill

