



Complaint Form

Who are you completing this form for? Myself Someone Else

Patient's name: _____

Date of birth: _____

Phone number: _____

What is your email address? _____

Anyone with access to your emails can see responses sent to you.

Address: _____

Place and date of event: _____

Summary of complaint: _____

Signature of patient: _____ Date: _____

This form must be signed by the patient however, the form may be completed by someone on their behalf:

Name: _____ Relationship: _____

Return this form to your surgery or email to Bedfordstreetsurgery@nhs.net for the attention of the practice manager.

I confirm that my complaint is not urgent, and you should expect to receive an acknowledgement within 3 working days.

Bedford Street Surgery
4 Bedford Street, Bletchley,
Milton Keynes, MK2 2TX

Tel: 01908 658850

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