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# Sample form 1: Consent for patient or service user making their own complaint

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| **Consent** form I [Click or tap here to insert full name of the person making the complaint] give permission to [insert name of your organisation] to investigate my complaint.  I understand that access to my personal information – including medical records and, sometimes, other relevant records – will be needed to investigate and respond to my complaint and may be seen by the people involved in this process.  I agree that relevant personal information about me may be shared and gathered from the following organisations and agencies to help investigate and respond to my complaint:  [Add list of any organisations that may hold information needed to investigate and respond to the complaint] My details  |  |  | | --- | --- | | Name | Click or tap here to enter text. | | Address | Click or tap here to enter text. | | Postcode | Click or tap here to enter text. | | Telephone numbers | Click or tap here to enter text. | | Email | Click or tap here to enter text. | | Date of birth | Click or tap to enter a date. | | Date | Click or tap to enter a date. | | Signature | Click or tap here to enter text. |   I understand that my data will be processed in line with General Data Protection Regulations (GDPR) 2018.  I understand that my consent to share personal information is entirely voluntary and that I may withdraw my consent at any time.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you have any questions about this form or the process, contact us at [provide tel no] or [provide email].  Please return this consent form as soon as possible so there is no delay in handling your complaint.  Please return to  [organisation to insert relevant address and contact details] |