# Sample form 3: Complaints against multiple organisations (including health and social care)

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| **Consent for sharing my personal information with the other organisation(s) I am complaining about**  I [insert full name of person affected] give my permission for [insert name of organisation that has received complaint] to share any relevant personal information it holds about me with the other organisations and service providers that are involved in the care/service I have complained about (detailed below).    **Statement of consent**  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 they hold about me may be shared and gathered from and between the following organisations and agencies to help them investigate and respond to my complaint:  [List organisations involved in investigating and responding to the complaint]  Are there any organisations or agencies you do not want us to share or gather information from? Please list them here:  [List organisations you do not want us to share or gather information from]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Regulation (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] |