



## Complaints Policy & Procedure

### CONSENT FORM

#### Details of Complainant

Name:

Address:

#### Details of whom the Complaint Concerns

Name:

Address:

Date of Birth:

Hospital Number: *Can be completed by Hospital staff*

#### Consent by patient

If the complainant and the patient/client are not the same person consent must be obtained from the patient if over 18 and fully competent.  
(Note if complainant and patient/client are different a close family relationship must exist)

**I, the patient, \_\_\_\_\_ give permission for this complaint to proceed on my behalf and for my healthcare records to be reviewed so that the complaint can be investigated.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form to:  
*Complaints Department, Quality & Safety Department, University Hospital Galway, Newcastle Road, Galway H91 YR71*