

## CONSENT FORM

I, ..... (*insert name of patient*) understand that  
.....(*insert name of person making complaint*) has raised issues of concern  
regarding my care by the University Hospitals Coventry and Warwickshire NHS Trust.

I would confirm that:

1. I support these concerns,
2. I am happy for .....(*insert name of person making complaint*)  
to act on my behalf,
3. access to personal information and/or medical records will be required in order to investigate  
and respond to the complaint, and that
4. permission is given for us to liaise with external agencies, if needed, in order to fully respond  
to this matter.

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I **\*authorise/do not authorise** .....(*insert name of person making  
complaint*) to act on my behalf and I give my permission for the release of personal details, which the  
Trust holds as confidential, to be used to investigate and respond to the complainant.

Signed .....(*patient*) Print name .....

Date ..... Relationship to person making complaint  
.....

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Please return this consent form as soon as possible so there is no delay in the handling of this  
complaint. If, however, you do not agree with the complaint or do not wish us to pursue the  
complaint could you please inform us.

Please return to: Complaints Department, QPS Office, 3<sup>rd</sup> Floor East Wing  
(Address above)

\* delete as applicable



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