

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.

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
.....

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, 3rd Floor East Wing
(Address above)

* delete as applicable



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