

# Customer Complaint Form

Practice: Myeyes Opticians  
Location: 68 Exmouth Market London EC1R 4QP Date

## Complainant's Details

Name:.....  
Address: .....  
Telephone: .....  
Email: .....

## Patient's Details (if different from complainant)

Name: .....  
Address: .....  
Date of birth: .....  
NHS number (if known): .....

## Details of complaint

(including date of complaint, date of incident, nature of incident and persons involved)

If the complainant is not the patient: I.....authorise the person named above to make this complaint on my behalf. I agree that the practice may disclose to him/her any necessary confidential information about me or my care in order to resolve the complaint.

Patient's name and signature.....

Date.....