

**CONSENT TO RESPOND TO COMPLAINT MADE  
ON BEHALF OF A PATIENT**

I hereby give consent for my \_\_\_\_\_ (relationship to patient)

\_\_\_\_\_ (name of person making the complaint)

to complain on my behalf and to received a direct response. I understand that this will involve some of my medical details being divulged.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_