

**Patient authorisation for investigation of a complaint under the NHS Complaints Regulations.**

NHS complaints regulations state that when concerns are raised about the care and treatment received by someone other than the complainant, we must obtain the patient’s consent before we can investigate. Please complete the form below.

Person raising concerns……………………………………………………………………

Relationship to service user………………………………………………………………

Service User’s name ……………………………………………………………………

Date of birth………………. Contact number………………………………

Address……………………………………………………………………………………

Email address…………………………………………………………………………………

I, …………………………………………………………………. give my consent for the concerns expressed by my representative to be investigated in accordance with the NHS Complaints Regulations. I authorise that personal information about my care and/or treatment, in relation to the complaint made on my behalf, may be shared with the person raising the concerns and that the reply to the complaint should be sent to them.

Signed………………………………………….. Date:……….........

Once completed, please return this consent form to either [elft.complaints@nhs.net](mailto:elft.complaints@nhs.net) or FREEPOST RTXT-HJLG-XEBE, Complaints Department, Trust Headquarters, 9 Alie Street, London E1 8DE

If you would like to discuss any issues regarding this consent form or the complaint that has been raised, please do not hesitate to contact the complaints team on 0800 085 8354.