



Northamptonshire Healthcare

NHS Foundation Trust

Consent form: relating to sharing information on concerns and complaints

Full name of patient

.....

Address

.....

.....

Date of birth

Connection to person making the complaint

.....

I hereby authorise:

Name of person making the complaint

.....

Address of person (if different from above)

.....

To receive information that is relevant to the complaint made about my care from the Trust.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a need to know it in order to investigate and resolve the complaint.

I would also like to receive a copy of the response to the complaint:

Please circle:

Yes / No

Print Name:

Signature of patient:

Date: