

**CONSENT FORM – NHS COMPLAINTS PROCEDURE**  
(PATIENT ABLE TO CONSENT)

PATIENT NAME:	
ADDRESS:	
DATE OF BIRTH:	

I hereby give my consent for a complaint about services provided to me on behalf of NHS Greater Glasgow & Clyde to be raised by my representative who is acting in capacity of one of the following:

Parental Guardian   
  Appointed Next of Kin   
  Other (please explain) .....

*(please tick one of the above as appropriate)*

I hereby authorise and consent for a complaint about services provided to me by NHS Greater Glasgow & Clyde, to be raised by my representative and investigated by NHS Greater Glasgow & Clyde:

REPRESENTATIVE NAME:	Rona Mackay MSP
ADDRESS:	Enterprise House, Southbank Business Park, Kirkintilloch, G66 1XQ
RELATIONSHIP OF REPRESENTATIVE TO PATIENT:	MSP

I understand that confidential health information may also be disclosed to my representative in order to respond to the complaint and confirm I agree that the option of using email for this purpose.

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