**Complaints & PALS Service**

**Tel: 0300 123 2103**

**CONSENT FORM 1**

**BSWCCG/COMP/**

I, , hereby give consent for the Complaints & PALS (Patient Advice Liaison Service) team to discuss the nature of my complaint with any appropriate organisation for the purposes of investigation.

I understand that in the course of the investigation NHS BANES, Swindon & Wiltshire Clinical Commissioning Group may need to share my complaint and personal information with other agencies for them to provide answers to our questions.

I understand that the Complaints & PALS Service records my personal information on a confidential database. Information from the Complaints & PALS Service is used anonymously to help improve services.

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| Print Name: | | | |
| Address: | | | |
| Tel no: | | | |
| Signature: Date: |  |  |  |
| *I would like to be contacted for my feedback about NHS BANES, Swindon & Wiltshire CCG’s complaints process once my complaint has been investigated and closed. (please tick as appropriate)*  Yes No | | | |