

Complaint report structured reflective template

Requirement: one for each complaint you have received.

Name of doctor:	GMC No:
Date of complaint:	
Nature of complaint:	
Status of complaint: On-going / resolved	
Involvement of other bodies: Responsible organisation / SHA / NCAA / GMC / Other	
If resolved, what were the findings?	
How will my practice change?	
Final outcome after discussion at appraisal: (Complete at appraisal considering how your outcome will improve patient care)	