

Reference:

Consent Form – Release of Records

To obtain a copy of this form in large print, audio, Braille, easy read (or other format or language) please contact 01604 651102

I _____ authorise the release of my relevant records to the Complaints Investigating Officer of NHS Nene and NHS Corby Clinical Commissioning Groups to enable a full investigation to be carried out into the issues raised in the complaint.

Signed: _____

Full name: _____

Address: _____

IF FOR ANY REASON YOU ARE UNABLE TO COMPLETE THIS FORM,

PLEASE CONTACT THE COMPLAINTS TEAM ON

01604 651102

Please return this form to:

Complaints Department
Francis Crick House
Summerhouse Road
Moulton Park
Northampton
NN3 6BF