

Scotland Patients Association (founded 1982)

I the undersigned am willing to have SPA work on my behalf.

Name:

Address:

Post code _____

Date: _____

Tel No. _____

Email _____

Summary of the problem:-

Signed

_____ **Name in capitals** _____

Previous contacts:

To whom have you complained before contacting SPA e.g. NHS, Ombudsman, GMC, BMA, Lawyer, MSP, MP or CAB.

Some people have contacted some or all of the above or none but do not think it is relevant to give this information. We can give better advice if we know who has dealt with your complaint. It will save your time and ours.

SPA.

Please use further pages if required but remember to put your name and date.