# Complaint Form

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| Part A: Patient’s Details |
| Name: |  |
| Address |  |
| Contact:(please indicate preferred contact method) | (H) | (W) | (M) | (email) |
| Date of Birth: |  |  |
| **If you are making this complaint on behalf of someone else:** |
| Your Name: |  |
| Your relationship to the patient  |  |
| Is the patient aware you are complaining on their behalf? | 🞏 Yes 🞏 No |  |
| **If someone is representing you regarding this complaint [e.g. solicitor or advocate];** |
| Name of your representative |  |
| Organisation |  |
| Postal Address |  |
| Contact:(please indicate preferred contact method) | (H) | (W) | (M) | (email) |

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| Office only |
| Date received: |  | Date for acknowledgement: (+ 5 working days) |  | Date for response:(+10 working days) |  |
| Complaints officer notified | 🞏 Yes | Receipt acknowledged from complaints officer | 🞏 Yes |  |  |
| Acknowledged | 🞏 YesDate: | Response made | 🞏 YesDate:  |  |  |

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| Part B: What happened? |
| Describe the event that you want us to know about on the next pages. Please give us all the dates and other details that you can remember. |
| 1. **What happened?**
 |  |
| *(Please continue onto another sheet if there is not enough room)* |
| 1. **Where and when did it happen?**
 |
| **Date:** | **Time** |
| **Location:** |
| 1. **Did anyone else witness what happened?** 🞏 Yes 🞏 No
 |
| Please give details you have of witnesses:*(Please continue onto another sheet if there is not enough room)* |
| 1. **What is your complaint about?**

The complaint could be about a person, a process or a service you received*(Please continue onto another sheet if there is not enough room)* |
| 1. Is there anything else you want to tell us?

*(Please continue onto another sheet if there is not enough room)* |
| 1. **What do you want to happen as a result of this complaint?**

Your input is valuable, you may be able to see a solution we don’t to this complaint. |
| Part C: Further information |
| Have you tried to resolve your complaint in any other way? (for example, by obtaining a second medical opinion). If so, please give details. *(Please continue onto another sheet if there is not enough room)* |

Thank you for this information. We will acknowledge receipt of your complaint within 5 working days and respond to it within 10 working days.