# Complaint Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | 🞏 Yes  Date: | Response made | 🞏 Yes  Date: |  |  |

|  |  |
| --- | --- |
| 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.