



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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes	Receipt acknowledged from complaints officer	<input type="checkbox"/> Yes		
Acknowledged	<input type="checkbox"/> Yes Date:	Response made	<input type="checkbox"/> 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)

2) Where and when did it happen?

Date:

Time

Location:

3) 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)

4) 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)

5) Is there anything else you want to tell us?

(Please continue onto another sheet if there is not enough room)

6) 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.