

## Complaint Form

<b>Part A: Patient's Details</b>				
Name:				
Address				
Contact: (please indicate preferred contact method)	(H)	(W)	(M)	(email)
Date of Birth:				
<b>If you are making this complaint on behalf of someone else:</b>				
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			
<b>If someone is representing you regarding this complaint [e.g. solicitor or advocate];</b>				
Name of your representative				
Organisation				
Postal Address				
Contact: (please indicate preferred contact method)	(H)	(W)	(M)	(email)

<b>Office only</b>					
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.