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| **Saxon Cross Surgery Complaint Form** | | | | | | | |
| You can use this form to make a complaint about the services provided by the Saxon Cross Surgery (the practice). It may be necessary for us to contact other organisations, dependent on the nature of your complaint. If that is the case we will work together with those other organisations and respond jointly to your complaint. | | | | | | | |
| **Completing the form**  Please use BLOCK CAPITALS when completing all the details. If you have any questions about the complaints process that you would like to discuss please call 0115 9392444. If you would like someone to make a complaint on your behalf (perhaps a friend or relative) please provide their details and sign the declaration at the end of the form. | | | | | | | |
| If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please tell us how we can help you. | | | | | | | |
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| **Details** **of the person who is making the complaint.** | | | | | | | |
| Title ( eg Mr, Mrs, Ms, Miss) | | |  | First Name | | |  |
| Surname | |  | | Date of Birth | | |  |
| Address | |  | | | | | |
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|  | | | | | | | |
| Daytime telephone number (9am to 5pm) | | | | |  | | |
| Mobile telephone number (9am to 5pm) | | | | |  | | |
| NHS number  *(If you do not know your NHS number leave this blank)* | | | | |  | | |
| **If you are complaining about the care that somebody else received please tell us their details** | | | | | | | |
| Title (eg Mr, Mrs, Ms, Miss) | | |  | First Name | | |  |
| Surname | |  | | Date of Birth | | |  |
| Address | |  | | | | | |
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| Daytime telephone number (9am to 5pm) | | | | |  | | |
| Mobile telephone number (9am to 5pm) | | | | |  | | |
| NHS number  *(If you do not know your NHS number leave this blank)* | | | | |  | | |
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| **Service details** | | | | | | | |
| Which service is your complaint about? | | | | | | | |
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| Where did the incidents happen that led to your complaint? Please be as specific as possible. | | | | | | | |
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| When did the incident/s happen that led to your complaint? | | | | | | | |
| Date: |  | | | Time: | |  | |
| Or indicate the time period when the incidents occurred | | | | | | | |
| From: |  | | | To: | |  | |
| From: |  | | | To: | |  | |
| From: |  | | | To: | |  | |
| From: |  | | | To: | |  | |
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| **Please describe the circumstances that have led you to complain.**  Please include details of:   * Who was involved * What was said and done * How it has affected you * What you think the service failed to do, or did wrongly   If there is not enough space please continue on a separate piece of paper and attach it to this form. | | | | | | | |
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| **What do you think we should do to put things right? (Please tick.)** | | | | | | | |
| Apology | | | | | | | |
| Explanation | | | | | | | |
| Further appointment | | | | | | | |
| Other (please specify) | | | | | | | |
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| **If the incident that you are complaining about happened more than a year ago, please tell us why there has been a delay in making a complaint.** | | | | | | | |
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| **What happens next?** | | | | | | | |
| We will phone or write to you to let you know that we have received your complaint. We will do this within 3 working days of receiving your complaint.  We will offer you the opportunity to discuss your complaint, if you wish to do so. This will give us the opportunity to discuss how you would like your complaint to be handled, what you think should happen next, and how long it will take to respond.  **If your complaint is about another NHS Organisation** we will consider whether it would be appropriate for that organisation to investigate and respond to your complaint directly. This is often the best way to handle complaints. If we think that it is appropriate for that organisation to handle your complaint we will, if you have signed the declaration below, forward your complaint on to the manager and ask them to contact you directly. If you do not agree to this approach we will contact you to discuss the options for dealing with your complaint. In some cases we decide that it would not be appropriate for the organisation to respond directly to you about your complaint. In these cases we ask the manager of the service to respond to the practice. We will tell you about the response and action that we take.  **If your complaint is about a decision or an action made by the surgery** we will investigate the issues that you have raised. We will respond as quickly as possible whilst ensuring that we have enough time to investigate your concerns properly. We respond to the majority of complaints within 25-35 working days, but if this timeframe is not acceptable to you this is something that we can discuss.  **If your complaint is about a service that we do not manage**, for example if it is about the District Nursing, Health Visiting or Midwifery service, we will forward your complaint on to the appropriate organisation so that they can respond to you. | | | | | | | |
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| **Declarations**  **1. Please sign underneath the statement that you agree with.** | | | | | | | |
| I consent to the information on this form and any other information that I send to the Saxon Cross Surgery in relation to this complaint being forwarded to the services/organisations that I am complaining about. I agree that, if the practice considers it appropriate, the organisation that I am complaining about can respond to me directly about my complaint.  I understand that, in order to investigate and respond to my complaint, the organisations involved may share confidential personal and medical information which may be of a sensitive nature and that this information may be disclosed to the practice.  I agree that my medical records can be disclosed to the practice if this is necessary to the investigation of my complaint. | | | | | | | |
| Complainant’s signature: | | | | | | | |
| Date: | | | | | | | |
| **OR** | | | | | | | |
| I DO NOT consent to the information contained in this form being forwarded to the service/organisation that I am complaining about. Please contact me to discuss the options for handling my complaint. | | | | | | | |
| Complainant’s signature: | | | | | | | |
| Date: | | | | | | | |
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| **2. If you are making a complaint on behalf of someone else** we need to know that you have their permission to deal with the complaint and that they are aware that their confidential medical information may be shared with you, and so we will need their consent.  Please ask the person that you are complaining on behalf of to sign the box below.  Sometimes people are unable to give their consent due to physical or mental incapacity and in these circumstances a representative can make a complaint for them. We will respond to the complaint unless we think that the representative is not acting in the best interests of the patient. Children can make complaints. If a child is too young to make a complaint themselves or if they would prefer someone else to make the complaint on their behalf, the complaint can be made by a suitable representative. | | | | | | | |
| I give permission for the complainant to act as my representative. I understand that the details of my complaint may be disclosed to the people, services and organisations that I am complaining about.  I understand that, in order to investigate and respond to my complaint, the organisations involved may share confidential personal and medical information which may be of a sensitive nature and that this information may be disclosed to my representative.  I agree that my medical records can be disclosed to other NHS organisations and the complainant if this is necessary to the investigation of my complaint. | | | | | | | |
| Signature: | | | | | | | |
| Date: | | | | | | | |
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| If you are acting on behalf of someone who is unable to give consent please let us know. | | | | | | | |
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| **Where to send this form** | | | | | | | |
| Please return this form by post, fax or in person to:  The Practice Manager  Saxon Cross Surgery  Stapleford Care Centre  Church Street  Stapleford  Nottingham NG9 8DA  Fax: 0115 9395625 | | | | | | | |