PATIENT COMPLAINT FORM

We endeavour to always give you the best service possible, but there may be occasions when you feel you wish to express dissatisfaction. The purpose of this leaflet is to explain what to do if you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice.

We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so as soon as possible ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You may wish to contact the Independent Complaints Advocacy Service if you would like help and support with your complaint.

POhWER ICAS
Hertland House
Primett Road
Stevenage
Herts SG1 3EE

Helpline 0845 456 1082
Fax 0845 373 0609

HOW TO COMPLAIN

LOCAL RESOLUTION – First Stage of the Complaints Process

A complaint may be made to either the practice by addressing your complaint in writing to our Practice Manager Jill O'Brien (you can use the attached form) or to NHS England at

NHS England
PO Box 16738
Redditch
B97 9PT
Tel : 0300 311 22 33
Email: **England.contactus@nhs.net**

You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality. If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed unless they are incapable (because of illness or infirmity) of providing this. A Third-Party Consent Form is provided below.

WHAT WE WILL DO

We will acknowledge your complaint within 5 working days and aim to have fully investigated within 14 working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations

INDEPENDENT REVIEW – Second Stage of the Complaints Procedure

If you are unhappy with the responses you have received to your complaint under Local Resolution, you can ask the Health Service Ombudsman to look into your concerns. The Ombudsman is completely independent of the NHS and Government, and can be contacted at:

Parliamentary and health Service Ombudsman
Citygate
47-51 Mosley Street
Manchester
M2 3HQ

☎ 0345 015 4033

✉ **phso.enquiries@ombudsman.org.uk** **www.ombudsman.org.uk**

COMPLAINT FORM

Patient Full Name:

Date of Birth:
Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

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(CONTINUE OVERLEAF IF NECESSARY)

SIGNED .....

PRINT NAME .....

DATE.....

THIRD-PARTY CONSENT FORM

PATIENT'S NAME: .....

TELEPHONE NUMBER:.....

ADDRESS: .....

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ENQUIRER / COMPLAINANT NAME: .....

TELEPHONE NUMBER:.....

ADDRESS: .....

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IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until…….. (insert date)

Signed: ……. (Patient only)

Date: ……..