

Please add additional pages if needed

Have you previously raised this issue with us? Yes No

Preferred contact method for follow-up: Phone Email Letter

Section 3: Outcome

What outcome are you hoping for from your complaint?

Section 4: Third-Party Details (if you are completing this on behalf of a patient)

Please provide your details below. We will also need signed consent from the patient.

Your Full Name: _____

Relationship to Patient: _____

Phone Number: _____

Email Address: _____

Section 5: Consent from Patient (for third-party complaints)

To be completed and signed by the patient. I, _____
(patient name), give consent for _____ (third-party name)
to make a complaint on my behalf.

I understand that this may involve disclosure of personal and clinical information relevant to the complaint.

Patient Signature: _____ Date: _____

If you need help completing this form or require it in a different format or language, please let us know.

Chiswick Medical Practice

Complaints Procedure

We are committed to delivering the highest standards of care and welcome your feedback, whether it is positive or negative. Under the NHS Constitution you have the right to complain about any aspect of our service.

Sharing your concerns helps us put things right quickly and improves care for everyone. This leaflet explains how you can raise a complaint, what support is available and how we will respond, so you can be confident your voice will be heard.



We also want to reassure you that raising a concern will in no way affect your right to receive safe, compassionate care. Your complaint will be handled independently by our complaints manager, who will seek clinical input where needed to provide a thorough, fair response.

All complaints are treated in confidence and will not prejudice any future treatment you receive.



You can make a complaint verbally, in writing, or by email. Please speak to any member of our team in the first instance, or ask to book time with the Patient Experience Lead.

If you prefer, a complaint form is available in this leaflet or you can email us directly at nhsnwlpatientexperience.cmp@nhs.net.

All complaints are acknowledged within three working days and treated in confidence. If you are complaining on someone's behalf, we'll need their written consent – just ask us for a third-party complaint form

Our Complaints Process

We aim to resolve complaints fairly, promptly and with compassion. Here's what you can expect when you raise a concern with us:

Talk to Us Early

If something has gone wrong, speak to any member of our team. Many issues can be resolved straight away. If it needs more time, we may ask you to book time with our Patient Experience Lead or put your concerns in writing.

Make a Complaint

You can complain:

- Verbally to a staff member
- In writing: form in this leaflet or e mail
- By email to: nhsnwl.patientexperience.cmp@nhs.net

If you are complaining on behalf of someone else, we will need their written consent.

We Will Acknowledge Your Complaint

We aim to acknowledge all complaints within 3 working days.

We Investigate Thoroughly

Your complaint will be reviewed independently by our complaints manager. Clinical input will be sought where needed. We may contact you for more details or to clarify your expectations.

We Provide a Full Response within 28 working days

Once the investigation is complete, we will send you a detailed written response explaining:


- What we found
- Any actions taken
- What we've learned
-

! Not Satisfied With Our Response?

If you're unhappy with our final response, you have the right to escalate your complaint.

 Contact the Parliamentary and Health Service Ombudsman (PHSO)

If you're still not satisfied, you can ask the PHSO to review your case. This is a free and independent service.

 Tel: 0345 015 4033

 Website: www.ombudsman.org.uk

 Post:

Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank
London SW1P 4QP

Chiswick Medical Practice – Patient Complaint Form

We take all complaints seriously and use your feedback to improve our care. Please complete this form and return it to reception or email it to nhsnwl.patientexperience.CMP@nhs.net.

Section 1: Patient Details

Please complete this section with the patient's information.

Full Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Email Address: _____

NHS Number (if known): _____

Section 2: Complaint Details

Please describe the complaint below, including what happened, when, where, and who was involved.

Date of Incident: _____

What happened?