

Patient Complaint Form

*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, please let us know. We operate a Practice complaint procedure as part of an NHS complaints system, which meets national criteria.*

How to Complain

If you wish to make a formal complaint, please do so as soon as possible - ideally within a matter of a few days of the event; this will enable us to establish what happened more easily. In any event, your complaint needs to be made within 12 months of the incident, or within 12 months of becoming aware of the matter. Your complaint should be as detailed and accurate as possible.

Complaining on Behalf of a Patient

If you are complaining on behalf of someone else, we will require their written consent to confirm that they are happy for us to discuss their concerns with a named third party, and also confirm that they are happy for their complaint to be made. If we do not receive written consent from the patient, we will not be able to take the complaint further with you. If the patient is unable to provide consent due to infirmity or mental capacity, please provide details in your complaint and we will take this into consideration.

What We Will Do

We will acknowledge your complaint in writing within 3 working days and aim to close it within 30 working days. Some complaints may take longer to conclude, depending on the complexity of the issues raised and the number of staff involved in formulating our final response. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to complete a final response. When addressing 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 we learn from and avoid such issues from arising again.

You will receive a final letter setting out the result of any practice investigations, and where there is learning to be had, what improvements have been implemented to prevent a reoccurrence.

Taking Your Complaint Further

If you remain dissatisfied with the outcome, you have the right to refer the matter to the Ombudsman. However, please be aware that the Ombudsman will not investigate your complaint until we have completed our own investigations and responses. The contact details are as follows:

The Parliamentary and Health Service Ombudsman

Citygate

Mosley Street

Manchester

M2 3HQ

Telephone: 0345 0154033

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

***Please continue to the next page to complete the complaint form***

**Complaint Form**

Patient’s full name: ………………………………………….. ……..

Patient’s date of birth: ……………………………………….……..

Patient’s address: …………………………………………….……..

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Complaint details: *Include dates, times, and names of Practice personnel where possible*

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Signature: ……………………………………………... Name: ………………………………………………

***Please continue overleaf if necessary***

Third Party Consent Form

Patient’s full name: ……………………………………………...

Patient’s telephone number: …………………………………….

Patient’s address: ………………………………………………...

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Complainant’s name: ……………………………………………..

Complainant’s telephone number: ………………………………

Complainant’s 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 Practice releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish for this person to complain on my behalf.’*

This authority is for an indefinite period / for a limited period of time only: *Delete as appropriate*

Where a limited period applies, this authority is valid until: *Insert date* ………………….……….

Patient’s signature: …………………………..…..…….. Date: ………………………………....…..