**PATIENT COMPLAINT FORM**

PLEASE COMPLETE THIS FORM AND RETURN TO

[kingswoodhealthcentre@nhs.net](mailto:kingswoodhealthcentre@nhs.net) or addressed to Robyn Clark, Practice Manager

PATIENT DETAILS

Name:

Address:

Telephone No:

Date of birth:

Usual GP:

COMPLAINANTS PERSONAL DETAILS (if different from above)

You can complain on behalf of a child less than 18 years if they are unable to make the complaint themselves. The organisation you are complaining to must be confident the child cannot complain themselves before they consider the complaint.

You can also make a complaint on behalf of a friend or relative but they will need to agree to this in writing.

If you want to complain on behalf of someone who lacks mental capacity then it is usual that the organisation you are complaining to will check the patient’s mental capacity before responding.

Name:

Address:

Telephone No:

Date of birth:

GP:

COMPLAINT DETAILS

Today’s date:

Date and time of event:

Name of person against whom the complaint is directed:

If not a person, please state the topic of the complaint:

If your complaint is against an individual, would you be happy for them to contact you direct to resolve the complaint, Yes  No

Please use the space below to describe in one or two sentences the exact nature of your complaint:

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Has the problem occurred previously? YES / NO

If yes, please provide more detail:

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Can you identify where the issue may have arisen? For example, did this happen as a result of conflicting messages, a personality conflict, a problem with communication etc.?

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Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologising where your experience has not been as you had wished.

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We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. This sometimes involves a discussion with the wider practice team. Are you happy for us to review this going forward?

YES / NO

**NHS COMPLAINTS PROCEDURE**

**ETHNIC CATEGORY**

The Department of Health is concerned that everyone using the NHS services are treated equally and any patient who is not happy with the service has the opportunity to say so. As part of this the practice has been asked by NHS England to record the ethnic category of all patients using the NHS complaints procedure. I would therefore appreciate you completing the attached pro-forma along with this complaint form. You do not need to sign the form as the data passed to the NHS England will be anonymous. Thank you for your help.

Please tick the category that applies to you:-

* British
* Irish
* Other white
* White and black Caribbean
* White and black African
* White and Asian
* Other mixed
* Indian
* Pakistani
* Other Asian
* Black Caribbean
* Black African
* Other black
* Chinese
* Other ethnic category (please specify)……………………………………….
* I do not wish to disclose this information

Please return to Robyn Clark,

Practice Manager, Kingswood Health Centre