

Peel Hall Medical Practice

PATIENT COMPLAINT & THIRD-PARTY CONSENT FORM

Patient's name:

Telephone number:

Address:

Enquirer / Complainant name:

TELEPHONE NUMBER:

ADDRESS:

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.

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...../...../.....

Signed

[Patient]

Print name

Date

PLEASE COMPLETE ALL SECTIONS SO THAT WE CAN FULLY INVESTIGATE YOUR COMPLAINT, FAILURE TO DO WILL RESULT IN THE FORM BEING RESENT TO YOU

COMPLAINT FORM

Patient Full name:

Date of Birth:

Address:

Contact number

Email

COMPLAINT DETAILS

Please include as much information as possible if any information is unknown then state so by simply writing '**DO NOT KNOW**' or '**NOT APPLICABLE**'.

Date of complaint

Time of complaint

Name(s) of staff involved

Location of complaint
ie reception, doctor's surgery etc

Witnesses

If the complaint happened at the surgery what was the reason for your presence there ?

COMPLAINT DETAILS

Please provide a detailed summary of the complaint such as what, when, where, the complaint had happened.

HOW DID THIS MAKE YOU FEEL ?

Please let us know how this situation made you feel so we can understand the full extent of your complaint.

WHY DO YOU FEEL THAT YOU WERE LET DOWN ?

Please let us know why you feel that your experience was a complaint.

WHAT WOULD YOU WANT PEEL HALL MEDICAL PRACTICE TO DO TO SATISFY YOUR COMPLAINT FULLY ?

PEEL HALL MEDICAL PRACTICE

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 complaints procedure as part of the NHS complaints system, which meets national criteria.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with 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. You should address your complaint in writing to the Practice Manager [you can use the attached form] or you can make the complaint online via the website. The Practice Manager will make sure that we deal with your concerns promptly and in the correct way. 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 attached.

WHAT WILL WE DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated as quickly as possible. If we expect there to be a delay, 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 sure you receive an apology if this is appropriate and take steps to make sure any problem does not rise again. You will receive a final letter setting out the result of any practice investigations.

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to NHS England by contacting the following number 0300 311 22 33. If still unsatisfied you can then contact:

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

Tel 0345 0154033
www.ombudsman.org.uk

Signed

Print name

Date

I confirm that this is an accurate and truthful account of events that have occurred.