

Armada Road, Whitchurch, BRISTOL BS14 OSU. TEL: 01275 832285

## PATIENT COMPLAINT FORM (revised June 2023)

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working within 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**

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 <u>as soon as possible</u> - 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 should address your complaint in writing to the Practice Manager (you can use the attached form) who will make sure that we deal with your concerns promptly and in the correct way. When writing, please be as specific and concise as possible.

#### COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). 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 3 working days and aim to have fully investigated within 10 working days of the date it was received, however in some cases it may take longer. 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.

#### TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

## The advocacy people.

PO Box 375 Hastings East Sussex TN34 9HU

Tel: 0330 440 9000

E-mail: info@theadvocacypeople.org.uk Website: www.theadvocacypeople.org.uk

## **ICB**

Customer Services Team
NHS Bristol, North Somerset, and South Gloucestershire ICB
360 Bristol – Three Six Zero
Marlborough Street
Bristol
BS1 3NX

Tel: 0117 900 2655 or 0800 073 0907 (freephone)

Email: bnssg.customerservice@nhs.net Website: https://bnssg.icb.nhs.uk/contact-us

PARLIAMENTARY AND HEALTH OMBUDSMAN Millbank Tower 30 Millbank London SW1P 4QP

# **COMPLAINT FORM**

Patient's Full Name:

Date of Birth:

Address:

Please explain your complaint clearly – What happened? Who was involved? When did it happen? Where did it happen? Why weren't you happy?		
Decide what you want to achieve – tell us what you want us to do to correct the mistake. For example, you might want an apology.		
Keep your complaint clear and short so the main points stand out.		
Include important information such as key dates and names.		
CIONED		
SIGNED		
Print name Date		
Y:\Protocols\2023 Protocols\Patient Complaint Form 2023.doc		

<b>PATIENT THIRD-PARTY (</b> PATIENT'S NAME:	CONSENT	
TELEPHONE NUMBER:		
ADDRESS:		
ENQUIRER / COMPLAINA	NT NAME:	
TELEPHONE NUMBER:		
ADDRESS:		
<b>ENQUIRY INVOLVES THE</b>	NG ON BEHALF OF A PATIENT OR YOUR COMPLAINT OF MEDICAL CARE OF A PATIENT THEN THE CONSENT OF EQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED	
	releasing information to and discussing my care and medica med above in relation to this complaint, and I wish this persor	
This authority is for an inde	efinite period / for a limited period only (delete as appropriate)	
Where a limited period app	olies, this authority is valid until(Insert date	∍)
Signed:	(To be signed by the Patient only)	
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