FIRSWAY HEALTH CENTRE

**Complaint Form**

**Patient Information:**
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NHS Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complainant’s Details (if different from patient):**
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint Details:**
Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Time of Incident (if applicable): \_\_\_\_\_\_\_\_\_\_\_
Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff/Departments Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Complaint:**
(Please provide a detailed account of your complaint, including relevant dates, names, and any supporting details. Attach additional pages if necessary.)

**Desired Outcome:**
(Please specify what resolution or action you expect from this complaint.)

**Supporting Documents:**
(Please list any supporting documents you are providing, e.g., letters, emails, reports.)

**Consent and Declaration:**
I confirm that the information provided in this complaint is accurate to the best of my knowledge. I understand that my complaint will be handled according to the NHS and the practice Complaints Policy. If I am making this complaint on behalf of another person, I confirm that I have their consent to do so.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**
Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Complaint Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_
Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Acknowledgement Sent (Date): \_\_\_\_\_\_\_\_\_\_\_
Investigator Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Resolution Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Final Response Sent (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Steps:**
(Office use only for notes on actions taken and resolutions provided.)