

## **PATIENT COMPLAINT FORM**

### **COMPLAINTS PROCESS**

1. If you have a problem please speak to a member of our reception team as we are here to try and assist you and they are only too happy to help you where possible
2. If you have further concerns or wish to speak to the Practice Manager please ask a member of staff to contact her or call her via our enquiries line on: **02380 877900** or
3. Complete the enclosed form (pages 3-4) and send it in to the **Practice Manager, Mrs Julie Stewart**
4. Third Party complaints need to complete (pages 3-5), sought consent and completed page (5)

If you have a complaint or concern about the service you have received from our 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 or exceeds 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 **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish/ see 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 (Mrs Julie Stewart). She 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 and a clinician or legal team can confirm this. A Third Party Consent Form is provided below.

### **WHAT WE WILL DO**

We will acknowledge your complaint within 3 working days (dependent of the practice manager being in-house) and aim to have fully investigated within 21 working days of the date it was received (clinical investigations may take longer). If we expect it to take longer we will explain the reason for the delay. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the issue and agree a plan of how it will be handled and agree timescales. You will receive a written apology if this is appropriate, and we will then take steps in-house in the hope that we may try to ensure/prevent this from happening again in the future.

## **FORESTSIDE MEDICAL PRACTICE**

### **TAKING IT FURTHER**

If our receptionists or Practice Manager are unable to resolve your problem you may wish to take your complaint outside the practice to an independent advisor within our Local (CCG) Clinical Commissioning Group complaints team detailed as follows:

**NHS England**  
**PO Box 16738**  
**Redditch**  
**B97 9PT**  
**Tel: 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)**  
**Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)**

**Wessex Complaints Team**  
**NHS England South (Wessex)**  
**Oakley Road**  
**Southampton**  
**SO16 4GX**  
**Tel: 01138 248034**  
**Email: [england.wessexcomplaints@nhs.net](mailto:england.wessexcomplaints@nhs.net)**

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

**The Parliamentary and Health Service Ombudsman**  
**Millbank Tower**  
**Millbank**  
**London**  
**SW1P 4QP**  
**Tel 0345 0154033**  
**[www.ombudsman.org.uk](http://www.ombudsman.org.uk)**



**FORESTSIDE MEDICAL PRACTICE**

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SIGNED.....Print Name.....Date.....  
(Continue overleaf if necessary)

**Office Use Only**  
Date Complaint In ..... Clinician Involved.....

**FORESTSIDE MEDICAL PRACTICE**

**PATIENT THIRD-PARTY CONSENT**

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 in relation to this complaint only, and I wish this person to complain on my behalf.

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..... (Insert date)

Signed: ..... (Patient only)

Date: .....