

Solihull Healthcare Partnership

Complaints Form

A – Please use black ink if possible and fill in your name in BLOCK CAPITALS

Your title and full name	
Your Date of Birth	
Your Address	
Your Email Address*	
Your telephone contact number/s	

*We appreciate that you may wish to use email as a fast and efficient means of communicating with us. If you do wish us to contact you via email, please confirm by signing below.

Signature:

B – Making a complaint on behalf of another person

Name of patient	
Their address	
What is your relationship to them?	
Why are they not making the complaint?	

If the patient is unable to provide their consent, please explain why:

CONSENT – to be completed where the patient is able to understand and sign this:

I consent to acting as my personal representative for the purposes of this complaint under the current NHS Complaint Regulations. I understand that this may mean that my representative will be able to access personal and sensitive information about me. I also request the following to be respected (tick all statements that you agree with)

- I wish to receive a copy of the complaint correspondence
- I do not wish to be further contacted about this complaint

I also consent for the details of this complaint to be shared with all of the relevant NHS and Local Authority organisations which also may be involved in order that a full investigation and response can be provided to this complaint.

Signature of Patient: **Date:**

C – Details of Your Complaint

When and where did the main issue/
event occur?

Who was involved? Please provide details of any other people who were involved or witnessed the event/s you are complaining about. Please provide their names/roles of any practice staff who were involved.

What was the impact of this event/s? How have you /the patient been affected?

What do you think should be done to put this right or to avoid it happening again?

What outcome are you hoping to achieve from making this complaint?

ADDITIONAL INFORMATION

Please detail any documents you are enclosing with this form. These documents will be scanned and kept as part of the complaint file.

More Information: All complaints received in SHP will be acknowledged within 3 working days. This will be by letter, unless consent to use email for complaint correspondence has been given in section A of this form. Please check your “junk mail” folder in case our email correspondence is misdirected there.
If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, please let us know