Complainant’s Details

Name: ……………………………………………………………………………
Address:…………………………………………………………………………

…………………………..………………Post code: ………………………….

Are you a:          Patient                             Relative                Carer

Patient name, if not your own: …………………………………………………

Patient address (if different from above): …………………………………………………………………………………………………………………………………………………………………………

Date of complaint: ……………………………………………………………….

Branch/site Name: ………………………………………………………………

Details of complaint (please include as much information as possible including date and time of incident, if appropriate, or clinician involved. (Continue on the back of this form if necessary)

Complainant’s Signature ……………………………….. Date: ……………………

Complaint Details Continued:

For internal use

Patient EMIS:
Operations Manager Responsible:
Initial Response Sent      Yes         Date:
Final Response sent        Yes         Date:
Complaint passed to Executive Manager               Date:
Complaint log updated and complaint dated: