



FAMILY PRACTICE

Armada Road, Whitchurch, BRISTOL BS14 0SU. 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 as soon as possible - 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.

SIGNED.....

Print name..... Date.....

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, 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: (To be signed by the Patient only)

Date: