|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPLAINT FORM** | | | | |
| You may use this form to register a complaint to NHS Derby and Derbyshire ICB. You can make a complaint on your own or on behalf of someone else with their permission. If you would like further advice or help with completing the form, please contact our Patient Advice & Liaison Service (PALS) on 0800 032 32 35.  Alternatively, you may wish to seek independent advice and assistance from the local NHS Complaints Advocacy Services.  Derby City residents should contact Disability Direct Advocacy on 01332 299 449  Derbyshire County residents should contact Cloverleaf Advocacy on 01924 454 875  In order for us to begin to consider your complaint and be timely in our response, please complete this form in full. | | | | |
| **COMPLAINANT DETAILS** | | | | |
| 1. **About you:** | | | | |
| **Mr / Mrs / Ms / Other** (please state): | **Date of birth:** | | |  |
| **Full Name:** |  | | |  |
| 1. **Your address:** | | | | |
| **Postcode:** | | | | |
| 1. **Your contact details** (please identify which number/method you would prefer to be contacted by): | | | | |
| **Home Tel:** | | | **Mobile:** | |
| **Email address:** | | | **Letter:** | |
| **If you prefer contact via the telephone, please state the time of day which is most convenient to you:** | | | | |
| 1. **Are you complaining on behalf of someone else?** | | | **Delete as appropriate:** Yes / No | |
| If you have answered ‘YES’ above, please provide details of the person for whom you are raising the concerns. (Please note that if you are making a complaint on behalf of someone else, you must obtain their signed consent or if they are unable to sign due to disability/incapacity etc or the concern relates to someone who has died, the signed consent of their next of kin will be required). See Section 5 | | | | |
| **Full name of the Patient:** | | | **Date of Birth:** | |
| **Please state your relationship to the patient (e.g. Spouse, Mother, Son etc.):** | | | | |
| **Patient’s Address:**  **Postcode:** | | | | |
| **Patients Home Telephone number:** | | | **Patient’s Mobile number:** | |
| 1. **Patient’s consent:** | | | | |
| **I, (Patient’s signature):** | |  | | |
| **hereby authorise (Complainant’s name):** | |  | | |
| **To represent me in my complaint.** | |  | | |
|  | | | | |
| 1. **Please state whom or what you are complaining about:** | | | | |
| **Organisation** (please include address)**:** | | **Policy / Service / Team / Individual:** | | |
|  | | | | |
| **COMPLAINT DETAILS** | | | | |
| 1. **Tell us about your complaint:**   Please ensure you include details of the date that the incident occurred, if known or the time periods involved in your concerns, from the date they first arose.  Please include details of who was involved and any additional information that may be useful to investigate your concerns. | | | | |
|  | | | | |

Please use and attach an additional sheet if necessary.

|  |
| --- |
| 1. **Please state the main areas of concern that you wish to be investigated:** |
|  |
| 1. **What outcomes are you hoping to achieve from making this complaint?** |
|  |

Please use and attach an additional sheet if necessary.

|  |  |
| --- | --- |
| **COMPLAINANT CONSENT** | |
| **Complainant Signature:** | |
| **Please print name:** | **Date:** |
| **WHAT HAPPENS NEXT** | |
| In the first instance, it may be necessary for the Complaints Manager to contact you to discuss timescales with you for a response and how you would like us to respond to your complaint. Alternatively you can expect to receive a formal acknowledgement within 3 working days.  **Please post your completed Complaint Form to:**  Complaints Manager, NHS Derby and Derbyshire ICB, Derby City Council House, Corporation Street, Derby DE1 2FS or email it to [ddicb.complaints@nhs.net](mailto:ddicb.complaints@nhs.net) | |