

# Making a complaint about our service

## Making a complaint about our services

### Section 1

### About your complaint

**When did the problem you want to complain about happen?**

Date: ..... Month: ..... Year: .....

*(if you cannot remember the exact date, you can give us an estimate)*

**When did you become aware of the problem?**

Date: ..... Month: ..... Year: .....

*The law says that you should complain to us within a year of becoming aware of the problem. Sometimes, depending on the circumstances, we will extend this time limit.*

**If you haven't been able to complain to us within a year of becoming aware of the problem, please tell us why you did not complain sooner.**

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**Section 1**

**About your complaint (continued)**

**How have you or the person you represent been affected by what has happened?**

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**What are you hoping to achieve?**

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**Section 2**

**About You**

**Please fill in your details even if you are complaining on behalf of someone else.**

Title Mr, Mrs, Miss, Ms, Dr, Other: .....

First name: .....

Surname: .....

House number or name: .....

Street name: .....

Town or City: .....

County: .....

Postcode: .....

Daytime telephone number: .....

Alternative contact number (optional): .....

Email: .....

**How would you like to be contacted? (optional)**

Phone    Mobile    Email    Post

**Is there anything we can do to make it easier for you to access our service?**

*(For example, you may want to received information from us in large print.)*

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**Are you making a complaint for someone else?**

**If yes** – please complete section 3

**If no** – please go straight to section 4

**Section 3**

**About the person using our services**

**What is your relationship to them?**

- I am their spouse or partner
- I am their parent or guardian
- I am their child
- I am their registered carer
- Other      Please state: .....

**Why can't they make the complaint themselves?**

- The person is a child
- They are not well enough to do it
- They haven't the ability to do it themselves
- The person would prefer me to do it
- The person has died
- Other      Please state: .....

If you are complaining for someone who cannot complain for themselves, we must consider if you are the right person to act their behalf. We normally need their agreement for this.

**Section 4**

**Authorisation**

**Please look at my complaint**

Your signature: .....

Date: .....

**Section 4**

**Authorisation (continued)**

**If you are complaining for someone else, they must sign below if they can.**

I agree that ..... can complain on my behalf and I consent for Surrey and Borders Partnership NHS Foundation Trust to review my personal information and health records and share with this person, if necessary in relation to this complaint.

**The Signature of the person you are representing:**

Signature: .....

Date: .....

**Please email this form to:** [rxx.palsandcomplaintssabp@nhs.net](mailto:rxx.palsandcomplaintssabp@nhs.net)

**or post it to:**

PALS and Complaints  
Surrey and Borders Partnership NHS Foudation Trust  
18 Mole Business Park  
Leatherhead  
Surrey  
KT22 7AD