

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)

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Who are you complaining about?

What is the name of the service or team you are complaining about?

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Section 1

About your complaint (continued)

The details of your complaint

Briefly tell us what your complaint is about. Tell us what happened, when and who was involved.

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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:

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First name:

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Surname:

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House number or name:

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Street name:

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Town or City:

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County:

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Postcode:

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Daytime telephone number:

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Alternative contact number (optional):

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Section 2

About You

Email:

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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:

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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:

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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:

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Date:

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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:

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Date:

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Section 4

Authorisation (continued)

Please email this form to:

rxx.palsandcomplaintssabp@nhs.net

or post it to:

PALS and Complaints

Surrey and Borders Partnership NHS Foundation Trust

18 Mole Business Park

Leatherhead

Surrey

KT22 7AD