**The Village Surgery Complaints Pro Forma**

This form is to be completed in support of a complaint made by a patient or their representative. Please note that we would always encourage an informal meeting at the Village Surgery /or Telephone call before proceeding with this form.

**In investigating your complaint we will take every care to safeguard your privacy and confidentiality.  However, any member of staff mentioned in the complaint will be made aware of the issues raised and will have an opportunity to comment on them.  In addition, it may be necessary to share your complaint with other parties if deemed necessary.**

**We will acknowledge receipt of your complaint in writing within 5 working days. We will respond formally to your complaint within 4 weeks, unless further investigation is needed. We will endeavour to keep you informed at all times.**

**If this complaint is being made on behalf of someone else we will need their written permission to pursue this.**

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| 1. Personal Details   Name & DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Address & DOB of Patient if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of the alleged event(s) about which you are complaining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 2. Formal Complaint  You should set out the reason(s) why the complaint is being made; state who or what is being complained about; state the nature of the complaint and the consequences that you believe you have suffered as a result.  Add additional sheets as necessary |

All practice complaints may be shared internally as part of our ongoing evaluation Improvement and learning process.

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| 3. Informal Complaint Details  Please summarise your attempts to resolve your complaint informally (Stage 1):   1. To whom was the initial complaint made: 2. Date of meeting/telephone conversation: 3. Why do you remain dissatisfied with the response to your complaint? |

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| 4.Name and Position of the Person(s) to whom the Formal Complaint is submitted;  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 5. Data Protection  I hereby consent for any sensitive/confidential personal data, such as counselling records, held by the Practice to be made available to the person investigating my complaint for use as evidence or supporting documentation as appropriate. I understand that as part of the investigation into my complaint, this person may be required to share this information with other staff on a need-to-know basis.  **I declare that to the best of my knowledge all of the information I have supplied is true, accurate and complete.**  **I give my consent for information in this Pro Forma and attached documents1, and personal data held elsewhere within the Practice to be shared with relevant members of staff on a need-to-know basis for the purpose of investigating my complaint.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |