



## Minchinhampton Surgery Third Party Complaint Form

### Patient details

Full name:	
DOB:	
Address:	
Contact tel:	

### Third party details

Full name:	
DOB:	
Address:	
Contact tel:	

### Patient declaration

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint, and may only be disclosed to those people who have consented to act on my behalf.

This authority is for (*please tick as appropriate*):

- ☐ An indefinite period
- ☐ A limited period only (authority is valid until ...../...../.....)

Patient signature:	
Date:	

**Please fill in overleaf**

## **Complaint details**

Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.

## **Favoured outcome**

Please outline what outcome you would like from your complaint



## **Minchinhampton Surgery Complaints Information**

### **Making a complaint**

- Every patient has the right to make a complaint about the treatment or care they have received at Minchinhampton Surgery. We will investigate all complaints effectively and in conjunction with existing legislation and guidance
- We understand that we may not always get everything right, and by telling us about the problem you have encountered we can improve our services and patient experience
- We will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record

### **Who to talk to**

- Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint as they may be able to resolve the issue immediately
- A patient complaint form is available from reception. Alternatively, you can ask to speak to the practice manager or send in a letter detailing your complaint
- We allow third parties to make complaints on behalf of patients, however the patient must provide consent for them to do so. A third-party complaint form is also available

### **Time frame for complaints**

- The time constraint on bringing a complaint is 12 months dating from the initial occurrence that gave rise to the complaint, or 12 months from the time you became aware of the matter about which you wish to complain
- The practice manager will respond to all complaints within 3 business working days
- We aim to investigate and provide you with our findings as soon as we can, and will provide you with regular updates regarding the investigation
- Minchinhampton Surgery will issue a final formal response to all complainants which will provide full details and the outcome of the complaint

## **Escalating a complaint**

- If for any reason you do not want to speak to a member of our staff, you can request that NHS England investigates your complaint. They will contact us on your behalf once a complaint has been submitted
- You can contact NHS England via email ([england.contactus@nhs.net](mailto:england.contactus@nhs.net)), post (NHS England, PO BOX 16738, Redditch, B97 9PT), or telephone (0300 311 2233)

## **Further advice & support**

- HealthWatch Gloucestershire provides a signposting service to the Independent Health Complaints Advocacy (IHCAS). This service supports people who wish to make a complaint about the service they have received from NHS providers.
- You can contact HealthWatch via telephone (0800 652 5193) or email ([info@healthwatchgloucestershire.co.uk](mailto:info@healthwatchgloucestershire.co.uk))