# Appendix 1: Informal Patient Complaint Form

**Patient ComplaintsProcedure:**

**Informal Complaint Form**

**This form is designed to be completed when a patient makes an informal complaint or has a concern with regards to any aspect of the UCO, services or facilities.**

**Although a complaint may be dealt with effectively at the time it is very helpful for us to identify what problems arise so that we are able to act to alter our policies and processes to address them in the future.**

**The UCO staff member who dealt with the complaint is responsible for completing the form, in conjunction with the patient and any other relevant parties (such as students, other staff members).**

**To help us understand the complaint and deal with it efficiently please give as much detail as you can.**

**Please complete this either in blue or black ink, or electronically so that the information is as clear as possible.**

**UCO Staff member to complete in conjunction with the patient as appropriate:**

|  |  |
| --- | --- |
| **Complaint received by (UCO staff)** | |
| **Name of member of staff:** |  |
| **Role at UCO:** |  |
| **Complainant's details** | |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Patient's name and address, if different to complainant** | |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |
| --- |
| **Brief details of complaint/incident (including date, time, place and names of people or staff involved and any relevant background information):** |
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| --- |
| **Is any on the spot action possible which would/was able to resolve the matter to the satisfaction of the complainant?**  **If so, give details.** |
|  |

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| --- |
| **Please include any further action taken following discussion or any other relevant information:** |
|  |

**If the matter cannot be resolved to the satisfaction of the complainant at the time, is judged to be more serious or requires further investigation, please inform the complainant of action to be taken e.g. referral to the appropriate line manager. The complainant will receive confirmation that the complaint is being investigated further.**

|  |  |  |  |
| --- | --- | --- | --- |
| Has the complaint been resolved?  (Please delete as appropriate) | Yes |  | |
| No | If no, please refer to the appropriate line manager. | |
| Has the complaint been referred to the appropriate line manager?  (Please delete as appropriate) | Yes | If yes, please specify the name of the referee below. | |
| Name: |  |
| No |  | |

|  |  |  |
| --- | --- | --- |
| **Completed by:** |  | |
| **Date:** |  | |
| **Does the patient require written** **confirmation of the informal complaint and the actions taken?**  **(Please delete as appropriate):** | Yes | |
| No | |
| **Patient Informed of Outcome by:**  **(Please delete as appropriate):** | Letter | **🞎** |
| Telephone | **🞎** |
| Email | **🞎** |
|  | Date: | **DD/MM/YYYY** |

**Please forward this Informal Complaint Form to the Head of Clinical Practice so that the issues raised can be logged, which forms part of the quality assurance processes of the UCO.**