# Appendix 2: Formal Patient Complaint Form

**Patient ComplaintsProcedure:**

**Formal Complaints Form**

This form is designed for use if you have a complaint that cannot be satisfactorily resolved informally and you wish to **complain formally**.

**The details of the formal complaints process can be found within the University College of Osteopathy Patient Complaints Procedure accompanying this form.**

To help us understand your 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 clearly as possible.

If you are unsure about anything and would like to speak with someone about completing this form, then please call the UCO’s Patient Complaints Officer (020 7407 5353).

**Consent and Declaration:**

For the UCO to deal appropriately with your complaint, we will need to disclose the details of it to relevant staff and students and their line managers. We are unable to proceed any further with your complaint unless you agree to this and sign and date this section as an indication of this.

***I agree that the UCO can disclose my complaint and any information that I have given, to relevant staff and students. I also agree that relevant staff and students can disclose any relevant information regarding my case so that my complaint may be fully investigated.***

**Signature of patient or complainant (as authorised on Page Three of this form):**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**To be completed by the complainant or their representative:**

|  |  |  |
| --- | --- | --- |
| **COMPLAINANTS DETAILS:** | | |
| **TITLE:** |  | ** Male**  ** Female**  ** Prefer not to say**  ** Prefer to self-identify as……………..** |
| **FULL NAME:** |  | |
| **ADDRESS:** |  | |
| **HOME PHONE:** |  | |
| **MOBILE PHONE:** |  | |
| **E-MAIL (if you have one):** |  | |
| **If you are complaining on behalf of a patient, then please state your relationship to them:** | **e.g. relative, carer, next of kin, solicitor** | |

**To be completed by the complainant or their representative:**

|  |  |  |
| --- | --- | --- |
| **DETAILS OF THE PATIENT (if different from above)** | | |
| **THE PATIENT’S TITLE: e.g. Mr, Mrs, Miss, Dr etc** |  | ** Male**  ** Female**  ** Prefer not to say**  ** Prefer to self-identify as……………..** |
| **PATIENT’S FULL NAME:** |  | |
| **PATIENT’S ADDRESS:** |  | |
| **PATIENT’S HOME PHONE:** |  | |
| **PATIENT’S MOBILE PHONE:** |  | |
| **PATIENT’S EMAIL:** |  | |
| **PATIENT’S DATE OF BIRTH:** |  | |

**Patient Consent to appoint a Representative: to be completed by the patient:**

**Please note, if the patient is 16 years of age or younger, then this section does not need to be completed by the patient.**

If you are complaining on behalf of a patient, then you will need to get them to declare that they consent to this and they will need to sign the declaration below.

**I agree for ………………………………………………(name of complainant) to make this complaint on my behalf and agree that they may see information that is relevant to the complaint. This may include relevant medical records and any other healthcare records as part of the services provided by the UCO.**

|  |  |
| --- | --- |
| **Signed (by the Patient):** |  |
| **Date:** |  |

To ensure that you are able to make a fully informed complaint it is recommended that you read the full UCO Patient Complaints Procedure.

**I hereby declare that I have read a copy of the University College of Osteopathy Patient Complaints Procedure.**

|  |  |
| --- | --- |
| **Signed (by the Patient):** |  |
| **Date:** |  |

**To be completed by the complainant or their representative:**

|  |
| --- |
| **DETAILS OF THE COMPLAINT:**  Please describe the nature of your complaint as fully as possible, including details such as when and where and who was involved. |
|  |
| **If needed, please use separate sheets and attach these securely to this form.**  **Please state here how many additional sheets you have attached :** |
| **Did you speak to anyone informally at the time to help you with these concerns?**  **Yes / No (Please delete as appropriate/circle)** |
| **If yes, please describe any action that was taken at the time to resolve your complaint. Please include the staff or students’ name, role at the UCO, and whether this was in the general clinic or a specialist clinic or community clinic if possible:** |
|  |
| **If you have any relevant documents such as letters or medical records that may support your complaint, then please list them here and enclose copies of them when you return your form:** |
|  |
| **How do you propose the complaint could be resolved to your satisfaction?** |
|  |

**Checklist for the complainant – has the following been included:**

|  |  |
| --- | --- |
| **The patient’s consent for you to complain on their behalf** |  |
| **The patient’s consent for the UCO to proceed with the formal complaint process** |  |
| **The patient’s confirmation that they have read a copy of the UCO’s Patient Complaint’s Policy & Procedure** |  |
| **Clear details of how to contact the patient, and the complainant (if needed)** |  |
| **A full and clear description of the complaint** |  |
| **Attached additional sheets if used** |  |
| **Any relevant documents such as letters or medical records** |  |

|  |  |
| --- | --- |
| **Where to return this form to:** | **What happens next:** |
| **The Patient Complaints Officer**  **The University College of Osteopathy**  **275 Borough High Street London SE1 1JE**  Email: [complaints@uco.ac.uk](mailto:complaints@uco.ac.uk)  Tel: 020 7089 5353 | You should receive a verbal or written acknowledgement of your concerns within two working days of a complaint being received.  You would normally receive a written decision to your complaint within twenty-five working days of the UCO receiving the complaint. |

**FOR OFFICE USE ONLY (PATIENT COMPLAINTS OFFICER):**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE RECEIVED:** |  | **ACKNOWLEDGEMENT SENT:** |  |
| **Action Notes:** |  | **Action Notes:** |  |
|  | |  | |