

PATIENT COMPLAINT FORM.

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets or exceeds national criteria

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

WHAT WE WILL DO

- When a complaint is received by a staff member, they will try hard to resolve the issue immediately (or within 24 hours) to the satisfaction of the complainant if that is within their role and realm of responsibility, or involve another colleague or more senior staff member
- Staff will apologise to the complainant in respect of the need to complain in the first instance and explain the complaints process.
- If a complaint can be resolved to the complainant's satisfaction within 24 hours, it is not necessary to go through the formal complaints process.
- If we cannot resolve the complaint within 24hrs, then we will acknowledge the complaint within three working days and may offer a meeting to discuss the complaint.
- We will fully investigate the complaint.
- We will aim to have fully investigated the complaint and respond within 25 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.
- You will receive a final letter setting out the result of any practice investigations.

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

Dr Claire BROOKS MB ChB MRCGP

Dr Stephen SCOTT-PERRY BMSc(Hons) MB ChB DRCOG MRCGP

Dr Karen ROBINSON BSc(Hons) MB BS DCH DFSRH MRCGP

Dr Peter BIBAWY MBBCh MRCGP

Dr Alex SAUTELLE MB BS MRCGP

Dr A Elizabeth WALKER MB ChB MRCGP DCH DRCOG

Dr Nelly KING MRCGP

Dr Lesley ROSLING MB BS DCH MPH MRCGP

Branch Surgery:

276 Lower Farnham Road

ALDERSHOT, GU11 3RB



Aldershot Centre for Health
Hospital Hill, ALDERSHOT, GU11 1AY

Tel: 01252 344868

Fax: 01252 335420

email: thecambridge.practice@nhs.net
www.cambridgepractice.co.uk

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk

Dr Claire BROOKS MB ChB MRCGP

Dr Stephen SCOTT-PERRY BMSc(Hons) MB ChB DRCOG MRCGP

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COMPLAINT FORM

Complainants Name: _____ Relationship to Patient _____

Patient Full Name: _____

Date of Birth: _____

Address: _____

Complaint details: (Include dates, times, and names of practice personnel, if known)

Dr Claire BROOKS MB ChB MRCGP
Dr Stephen SCOTT-PERRY BMSc(Hons) MB ChB DRCOG MRCGP
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SIGNED.....Print name.....

(Continue overleaf if necessary)

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PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date: