



V-G P40 Complaints Policy

This Vocare document is applicable to

All Vocare

Or the following regions, services and areas:

Code Regions/Service/Area/Premises

Version: 1.06

Date: 21st June 2015

Review Date: 21st June 2017

Vocare

Vocare House

Balliol Business Park

Benton Lane

Newcastle upon Tyne

NE12 8EW

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[V-G F 40/1 Verbal Complaints Record](#)

1. Document Control

1.1 Document History

Version	Release Date	Originator	Notes
1.00	3 rd September 2010	Karen Taylor	NDUC document redeveloped for Vocare compliance
1.01	7 th February 2011	Karen Taylor	Updated to include Guidance for handling complaints involving more than one organisation
1.02	3 rd February 2012	Karen Taylor	Updated to reference CQC requirements.
1.03	22 nd February 2013	Karen Taylor	Review & Inclusion SDUC
1.04	5 th August 2013	Karen Taylor	Review , change reference to CCGs & NHS England
1.05	20 th May 2015	Karen Taylor	Review, inclusion of legislation and inclusion of regionalisation.
1.06	21 st June 2015	Karen Taylor	Review, inclusion of Suggestions from commissioners.

1.2 Document Approval

Vocare Group Authorisation		Partner Group Authorisation	
Name & Title	Authorising Signature	Name & Title	Authorising Signature
John Harrison Chief Executive			
Dr Michael Harrison Organisational Medical Director			
Karen Taylor Head of Assurance			

1.3 Distribution

This document will be made available on Vocare's Intranet.

Controlled copies will be produced, distributed and maintained in accordance with Vocare's Quality Manual.

1.4 Master Copy

The master electronic copy of this document is held by

Name	Role	Contact
Sheena Dodds	Procedure Controller	sheena.dodds@nduc.nhs.uk

2. Introduction

This policy documents how Vocare will handle complaints made to the organisation. Vocare has an obligation under various contracting arrangements to manage the investigation and reporting of complaints. Vocare will comply with the National Health Service (Complaints) Regulations 2004 and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

2.1 Notwithstanding the above, the management of Vocare will treat any complaint seriously and will endeavour to ensure that:

- All complaints are handled efficiently and in a timely manner
- All complaints are investigated properly and fairly
- Complainants are treated with respect and courtesy
- Complainants receive, so far as it is reasonably practicable, assistance to enable them to understand the complaints procedure
- Appropriate conclusions are made and recorded
- Relevant parties are notified of the outcome in a timely and appropriate manner. A timeframe to fully investigate the issues raised and respond will be indicated in the initial correspondence
- Any necessary changes identified during the course of the investigation are implemented
- Improvements to patient care are identified, recorded and implemented
- Vocare will display information regarding its arrangements for dealing with complaints. This will be in written form in situations of face to face contact and clearly visible on the Vocare websites.
- All complaints are to be recorded and presented in an annual report

2.2 A complaint is an expression of dissatisfaction, when expectations, even unreasonable ones are not met. How complaints are handled will affect the reputation of Vocare with the complainant and with the wider community. Complaints should be regarded as an opportunity to review performance, consider any lessons learnt and identify improvements to patient care and service delivery.

3. Review

This policy will be reviewed no later than 24 months from the date issued.

4. Scope

This policy applies to all Vocare staff and applies to the premises and locations from which the service is delivered within the areas covered by Vocare. This involves NHS 111, the out of hours provision, the urgent care centres as well as practices and any

other services that Vocare is responsible for.

5. Designation of a Complaints Manager

5.1 The Chief Executive of Vocare will designate a person in each region, referred to in this procedure as a Complaints Manager, to manage the procedures for handling and considering complaints. In principle, this will be the local clinical services manager who will work in close conjunction with the regional manager.

5.2 Whenever the Chief Executive designates a new person as a Complaints Manager, he must inform all managers within Vocare and the Clinical Commissioning Groups, CCGs and where relevant, the local authority commissioners of services for the area covered by Vocare.

5.4 The Chief Executive may from time to time nominate other individuals to manage the Complaints Procedure in the absence of the Complaints Manager.

6. Handling of Complaints

6.1 Where a person wishes to make a complaint, this may be made directly to the regional complaints manager or any other member of staff.

6.2 Complaints may be made verbally by speaking with an operational member of staff, to the governance assistants; they may be made via the regional or national websites and clicking on patient feedback or via email also displayed on the website enquiries@nduc.nhs.uk. Each region has a telephone direct line through to the local governance assistant as well as postal details. Every centre displays posters, as well as leaflets advertising routes to complain.

6.3 All written complaints or 'requests' received by any member of staff must be passed immediately to the regional complaints manager.

6.4 When a complaint is made orally, the member of staff receiving the complaint will make a written record of the complaint. The written record of all oral complaints must be passed immediately to the regional complaints manager. A copy of the verbal reporting of a complaint form is found in Appendix C or on the intranet.

6.5 A complaint must be made not later than 12 months after the date on which the incident occurred; or if later, the date at which the matter which is the subject of the complaint came to the notice of the complainant, unless the complainant had good reasons for not making the complaint within the time limit and it is still possible to investigate the complaint effectively and fairly.

6.6 Vocare will provide details of advice and advocacy support to those who wish or need such support.

6.7 On receipt of the complaint the Complaints Manager will:

- Create a unique reference for the complaint

- Enter the details of the complaint into Datix including the date of receipt
- Create a file for the complaint on the nominated area on the central G Drive.
- Where the complaint forms part of a Serious Untoward Incident, then the complaints manager will inform the Head of Assurance immediately
- Where the complaint has been made by a service user's representative e.g. carer, parent etc; it may be necessary obtain authorisation from the service user for the representative to act on their behalf using the form in Appendix B
- The complaints manager must send the complainant a written acknowledgement of the complaint within three working days of the date of receipt of the complaint. A time frame for the definitive response must be indicated at this stage, together with the manner in which the complaint is to be handled. Effort will be made to verbally contact the complainant for further complaint details and any clarification.
- Where a complaint was made orally, the written record must accompany the acknowledgement with an invitation to the complainant to sign and return it
- If a complaint has been made directly to Vocare by a patient or patient's representative, the complaints manager must send a copy of the complaint and the written acknowledgement of the complaint including the time frame negotiated to the CCG.
- The complaints manager must ensure that a copy of the acknowledgement is placed in the file and recorded on Datix.

7. Investigation of complaints

- 7.1 The regional complaints manager will organise copies of all relevant Vocare documentation including computer printouts, phone recordings, and written documentation, etc to be added to the file.
- 7.2 The complaints manager may where appropriate designate an investigating officer to undertake the handling of the complaint. If this is the case, the investigating office will liaise fully with the complaints manager.
- 7.3 The complaints manager or their designated deputy will commence investigation of the issue and prepare a report, noting findings and actions for the complainant which
- Summarises the nature and substance of the complaint
 - Describes the investigation which has been undertaken
 - Contains any recommendations and changes to Vocare's operations and methods
 - Summarises its conclusions
 - Offers an apology.

- 7.4 The file will then be passed to the relevant local clinical director for information, comments and sign off.
- 7.5 The completed 'file' will be forwarded to the Head of Assurance for review and thence to the reviewing Executive [Organisational Medical Director or his Deputy]of Vocare who will
- Sign the response,
 - Note any further investigation which is required
- 7.6 On receipt of the signed version, the complaints manager must send a copy of the complaint and the signed off response to any named individual in the complaint and to the local CCG complaints team.
- 7.7 The complaints manager must keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.
- 7.8 If the complaints manager does not send the complainant a response within the agreed time frame, the Complaints Manager must write to the complainant and explain the reasons for the delay and follow this up with the response as soon as is reasonably practicable.
- 7.9 The complaints manager will send a response to the complainant in a timely manner with, if the following:
- A note of the complainant's right to refer the complaint to the independent Health Service Ombudsman including details
 - Informing the complainant of how to contact the Care Quality Commission in order to inform the Commission of concerns they may have about the carrying on of the regulated activity.
 - An offer of a face to face meeting, especially if the case involves bereavement.
 - Information regarding the use of a local conciliation service.
 - Information regarding contacting the local CCG complaints team
- 7.10 The Complaints Manager will send a copy of the response to any other person who has been sent a copy of the original complaint.
- 7.11 A satisfaction survey should be sent to the complainant at the conclusion of the complaint to assess the manner in which the complaint had been handled. The information collated from these surveys should be monitored with an overview.
- 7.12 Vocare policy categorises the complaint in to the following categories:
- Upheld,

- Partially Upheld,
- Not Upheld,
- Complaint Withdrawn.

7.13 If a further round of investigation is required then the complaints manager will return the 'File' to the designated Investigator for further investigation and inform the Head of Assurance before being returned to the reviewing Executive of Vocare.

7.14 In the event that after a second round of investigation a satisfactory response cannot be signed by the reviewing Clinical Executive [Organisational Medical Director or his Deputy] the Complaints Manager will assign the complaint to another Clinical Executive at Vocare for review.

7.15 In the event that the second Clinical Executive cannot sign a satisfactory response the Clinical Manager will refer the complaint to Vocare Chief Executive to determine the next course of action.

8. Review of complaints

8.1 All complaints are presented at the relevant senior management meetings for discussion and review.

8.2 All complaints are presented quarterly to the relevant CCGs and are similarly collated in the annual reports to the relevant CCGs. Trends and learning points are thus identified, reflected on and acted upon.

9. Out of Scope

9.1 If a complaint or request has been classified as 'Out of Scope' then

9.1.1 The record for the complaint in the Datix complaints register is marked 'Out of Scope'

9.1.2 The following are considered to be 'Out of Scope':

- Any complaint regarding any contract or contractual arrangements
- Any complaint made by an employee of Vocare about any matter relating to their contract of employment
- Any complaint that is being or has been investigated by the Health Service Ombudsman
- A complaint arising out of Vocare's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000
- Any complaint about which the complainant has stated in writing that they intend to take legal proceedings

9.1.3 The File is immediately passed to the Head of Assurance to deal with. The Head of Assurance will decide the ongoing management plan for the case.

10. Persons who may make a complaint

10.1 A complaint may be made by someone who has received services from Vocare or its attendant organisations or by someone who is affected by the actions, omissions or decisions of Vocare or its attendant organisations.

10.2 A complaint may be made by a representative acting on behalf of a person who has died or who lacks physical or mental capacity within the meaning of the Mental Capacity Act (2005). The Complaints Manager must be satisfied that there are reasonable grounds that the patient requires such representation. A child may be represented if the Complaints Manager is satisfied that there are reasonable grounds for the complaint not being made by the child.

10.3 In all other instances a Patient Authorisation Form is required if the complainant is represented by another. [Appendix B Form.]

11. Complaints Received Through CCGs

11.1 If a complaint has been made directly to Vocare by a patient or patient's representative and the same complaint has been passed to Vocare from one of more CCGs, then the complaints manager will liaise with the CCGs to determine who will respond regarding the complaint.

11.3 Should the question of who should respond not be resolved, then any responses will be sent directly to the patient.

11.4 The complaints manager will attend or ensure that she is represented at any meeting reasonably required in connection with the consideration of a complaint in this situation.

12. Withdrawn Complaints

If a written communication withdrawing a complaint is received then it must be passed to the complaints manager.

The complaints manager will then:

- Mark the corresponding record in the complaint register as 'Withdrawn'
- Inform those in possession of the File:
- That the complaint or request has been withdrawn
- All investigations and reviews in progress for this complaint are to be reviewed and if it is felt that there would be learning attached to this complaint, then the

investigation should proceed as an 'Internal Investigation' as described in the Investigations Policy V-P 245. This is because even though the complaint has been withdrawn, there was still some evidence of dissatisfaction with the service which should still be investigated as part of Vocare's striving for quality.

- Send a response to the complainant confirming that the complaint or request has been withdrawn
- Send a copy of the response to any other person who has been sent a copy of the original complaint.

13. Recommendations and Changes to Vocare's Operations and Methods

13.1 If following review there are any recommendations and changes to Vocare's operations and methods, then the complaints manager will notify all staff of them.

- Relevant staff will acknowledge receipt of any recommendations and changes to operations and methods of Vocare.
- Detail what actions they will undertake to implement them
- Provide a timescale for implementation.

13.2 The complaints manager will receive regular updates on the implementation of any recommendations and changes to said operations and methods.

13.3 If the complaints manager does not receive a timely or satisfactory response from the appropriate managers the designated executive for that service must be informed.

13.4 All learning must be shared with the Head of Assurance so that local learning may be disseminated throughout the organisation where relevant.

14. Dissatisfaction with Response

In the event that anybody expresses their dissatisfaction with the response to their complaint then the complaints manager should make arrangements for conciliation, mediation or any other assistance to obtain a resolution. Such information must be passed to the Head of Assurance for discussion and support.

15. Reporting

15.1 The regional complaints manager must at regular intervals assess the progress of any investigation and take such steps as are reasonable practicable to keep the complainant informed about the progress of the investigation.

15.2 The complaints manager must produce a monthly report containing all received and closed complaints, including those withdrawn, and those where a complainant has

expressed dissatisfaction with the response since the last report. This report is to be sent to the Head of Assurance and to all members of the Vocare Executive.

15.3 The complaints manager must produce external reports on all complaints as required by the contractual obligations for the relevant CCGs.

15.4 The complaints manager must produce external reports on all complaints as required by the Care Quality Commission and submit this within the specified time frame copying in the Head of Assurance.

15.4 Details on all other categories should not be reported to external third parties without the permission of the Head of Assurance.

1.5 In addition Vocare must prepare an annual report on March 31st of each year, specifying the following for each of the designated services.

- The number of complaints it has received

- The number of complaints it has decided were well founded

- The number of complaints that were referred to the Health Service Commissioner or to the Health Service Ombudsman

- It must also summarise the subject matter of the complaints received

- Any matters of general importance arising out of the complaints, or the manner in which they were handled

- The actions taken to improve the service as a result of the matters generated by the complaint.

15.6 The annual report must be available to any person on request.

15.7 Vocare must send a copy of the above report to the relevant CCG in its role as a commissioner of services.

15.8 The annual report will be sent by the CCG to NHS England.

15.9 The annual report must be sent as soon as is reasonably practicable after the year end to which the report relates.

15.10 Quarterly and annual reports will be submitted to the HSCIC as a KO41a request to data.collections@hscic.gov.uk.

16. Review

16.1 The regional complaints manager will present the monthly complaints, investigations and complements at the Clinical Governance meeting as well as at the relevant regional meeting.

- 16.2 The regional complaints manager can convene additional complaints/investigations review meetings as deemed necessary.
- 16.3 Review meetings must consider, inter alia, the following:
- 16.3.1 Overall levels of complaints/investigations compared to activity
 - 16.3.2 Any common patterns which may emerge
 - 16.3.3 Any recommendations for changes to Vocare operations and methods
 - 16.3.4 Any necessary changes to this procedure
 - 16.3.5 Reports for other bodies including CCGs and local authorities for whom Vocare provides services.

17. Serious Incident [SIRI]

A complaint may also arise as part of a SIRI or serious incident requiring investigation. In such an instance, the complaint is dealt with as above and the SIRI is reported investigated and the conclusions elicited to the relevant commissioners. This is following the processes determined by the 'Serious Incident Framework Supporting learning to prevent recurrence' document: March 2015.

All such incidents will immediately be reported to the relevant CCG or local authority via the Head of Assurance who will arrange the investigation. Detailed information is held within the Vocare V-G P28 Serious Incidents Policy.

18. Equality & Diversity Statement

The management of Vocare are committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such, this document has been screened, and if necessary an Equality Impact Assessment has been carried out on this document, to identify any potential discriminatory impact. If relevant, recommendations from the assessment have been incorporated into the document and have been considered by the approving committee.

Vocare also value and respect the diversity of their respective employees and the communities they serve. In applying this standard operating procedure, they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

For further information on this, please contact the Vocare Governance Department or Human Resources Department.

19. Appendix A - Contacts

The contact details for the Head of Assurance for Vocare is:

Address: Vocare
Northumberland House
Gosforth Park Avenue
Gosforth Business Park
Newcastle upon Tyne
NE12 8EG

Email: Complaints@nduc.nhs.uk

Tel: 0845 60 80 320

Fax: 0845 60 80 326

The designated regional complaints manager will be the local clinical services manager supported by a local governance assistant.

20. Guidance for handling complaints involving more than one organisation

20.1 This protocol sets out the arrangements for the handling of complaints that impact on more than one Health and Social Care organisation in the area covered by Vocare. It includes identification of the factors that determine which organisation will take the lead and how communication with the complainant and all participating organisations will be co-ordinated. The protocol provides for organisational learning and improvements to be shared across the organisations.

20.2 Each of the participating agencies listed in the agreement must comply with “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” (hereafter referred to as The Regulations)

20.3 The approach to effective complaint handling falls into 4 stages:

Triage or Assessment, Planning, Implementation and Review.

a. **Triage:** The assessment of each individual complaint so as to fully understand the characteristics and likely requirements of each complaint.

b. **Planning:** identification of arrangements to most effectively consider that complaint in a customer focussed and efficient manner.

c. **Implementation:** putting plans into effect - examine the complaint.

d. **Review:** Reflecting on what went well and not so well with the process on an individual complaint level

20.4 The objective of this protocol is to embody the agreement of the participant organisations about how to deal with complaints that affect more than one of the agencies involved and must be agreed by the appropriate Director, Sub-committee or Board of each organisation.

21. General provisions:

21.1 Each of the participating agencies listed in the agreement must comply with the Regulations.

21.2 Each agency will appoint at least one central contact person to facilitate the agreement. In Vocare this will be the local complaints manager.

-
- 21.3 Each agency will authorise the contact person to agree joint arrangements for the examination of complaints.
- 21.4 Each agency will support the contact person by direct liaison with a senior officer of sufficient authority to represent the agency's managing board and agree any cross-boundary costs.
- 21.5 Each agency remains ultimately responsible for its actions when dealing with a complaint and for the outcomes directly relevant to its functions or authority.
- 21.6 However, a partnership approach is to be encouraged with the aim of agreeing shared responsibility for the success of complaint handling arrangements.
- 21.7 It is incumbent on the agencies involved to resolve any disputes in relation to responsibilities for particular issues within individual complaints. Any unresolved disputes between the nominated managers should be escalated within the organisations.
- 21.8 All agencies will provide such monitoring information as required by 'The Regulations'.
- 22. Operations:**
- 22.1 The receiving agency will acknowledge receipt of complaint not later than three working days after the day on which it receives the complaint.
- 22.2 On receipt of any complaints the receiving agency will determine whether any other agencies are involved and, following receipt of satisfactory consent, contact the appropriate person within that agency.
- 22.3 Each agency will assess the complaint in line with their existing grading process.
- 22.4 All agencies will discuss and agree which agency will take the lead and how best to proceed including establishing a communications plan to ensure a single point of contact for the complainant.
- 22.5 In some circumstances, commissioners will take the lead, co-ordinate and maintain an overview of the complaints process.
- 22.6 Each agency will record the complaint in accordance with their own reporting and monitoring purposes indicating that it is a joint complaint and in accordance with 'The Regulations'.
- 22.7 On receipt of satisfactory consent, each authority will provide access to the agreed method of enquiry to personal files and other records necessary for the investigation.
- 22.8 Each agency shall provide and be provided with all documents and other information necessary for the effective operation of the agreement and examination of individual complaints.

- 22.9 All documentation produced in a complaint examination will be the joint property of each agency involved and shall not be shared or otherwise disclosed unless with the expressed permission of those agencies and the consent of the complainant.
- 22.10 Where 'internal' complaint examinations are envisaged, each authority will provide necessary resources and will bear their respective cost of that process. Where cross-boundary costs are envisaged, they will be identified, agreed and apportioned by the agencies involved following an assessment of the appropriateness and proportionality of those costs. Methods of payment, e.g. conventional invoicing, will be agreed between the organisations involved.
- 22.11 Each agency shall nominate a person to sign agreement with the outcome on the final decision letter of a complaint either expressly or by authorising such other agency to sign on their behalf, as agreed in the planning process.
- 22.12 Each agency will conduct its own risk and impact assessments in relation to each and every complaint. Each agency has the option to advise and consult their respective legal and risk specialists as they consider if necessary.
- 22.13 Each organisation will ensure that the responsible person or the person authorised to act on their behalf ensures that action is taken if necessary following a complaint and will agree with partner agencies how best to effect cross boundary actions.

23. Health and Safety

- 23.1 Each agency shall be responsible for the health, safety and welfare of their employees engaged in the examination of complaints under this protocol.

24. Data Protection

All complainants agreeing to the application of this agreement must be asked to authorise the sharing of personal data for the purposes of the complaint examination.

All data and information used in the examination of complaints within this protocol will be subject to the requirements of the Data Protection Act.

25. Appendix B - Patient Authorisation Form

Section A - Service User

Details Forename

Surname GP Name

Service User's Address

GP's Address

Postcode Postcode

Section B - Authorisation (to be completed as appropriate)

To be completed by the person named in Section A and the nominated person acting on that person's behalf.

I, (insert name in BLOCK capitals) _____ certify that I am the person named in Section A. I hereby give consent for _____ (Name of nominated person) to make a complaint on my behalf. I understand that this will involve information from my health records being disclosed.

Signed: Date:

For the nominated person

I, (insert name in BLOCK capitals) _____ have consent from the person detailed in Section A to act on their behalf.

Signed: Date:

To be completed by person's next of kin/personal representative/executor

I, (insert name in BLOCK capitals) _____ confirm that I am making a complaint on behalf of the person named in Section A, because: (please tick as appropriate)

The person is under the age of 16;

I am the next of kin/representative/executor of the deceased person named in Section A.

(please supply copy Grant of Representation (as issued by the Probate Registry) or power of attorney as appropriate)

I have nominated Power of Attorney for the person in Section A.*

Signed: Date:

When completed return this form to: Complaints Manager [at local regional address]

26. Appendix C - Record of Verbal Complaint Form

Verbal Complaint Record

Date of Complaint Call	<input style="width: 90%;" type="text"/>	Time Complaint Call Started	<input style="width: 90%;" type="text"/>	Position Complaint Call Taken	<input style="width: 90%;" type="text"/>
Caller's Name	<input style="width: 95%;" type="text"/>				
Address	<input style="width: 100%; height: 100%;" type="text"/>		Home Phone	<input style="width: 100%; height: 25px;" type="text"/>	
			Work Phone	<input style="width: 100%; height: 25px;" type="text"/>	
			Mobile	<input style="width: 100%; height: 25px;" type="text"/>	
Postcode			<input style="width: 100%; height: 25px;" type="text"/>		

If caller is not patient fill in details below. If caller is patient don't forget Patient's DOB

Patient's Name	<input style="width: 95%;" type="text"/>				
Address	<input style="width: 100%; height: 100%;" type="text"/>		Home Phone	<input style="width: 100%; height: 25px;" type="text"/>	
			Work Phone	<input style="width: 100%; height: 25px;" type="text"/>	
			Mobile	<input style="width: 100%; height: 25px;" type="text"/>	
Postcode			<input style="width: 100%; height: 25px;" type="text"/>		

Relationship to Caller	<input style="width: 90%;" type="text"/>	Patient DOB	<input style="width: 90%;" type="text"/>
Date / time of original call	<input style="width: 90%;" type="text"/>	Call Ref (if known)	<input style="width: 90%;" type="text"/>

Complaint: and outcome patient is seeking. Use additional sheets if required.	<input style="width: 90%;" type="text"/>

Call taken by (Print)	Call taken by (Sign)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Confirmed by complainant that this is a true record of my complaint	
Complainant Name (Print)	<input style="width: 95%;" type="text"/>
Complainant Signature	<input style="width: 95%;" type="text"/>

27. Appendix D - Statement of consent for the disclosure of personal records

Statement of consent for the disclosure of personal records

Complainant's name: _____

Complainant's address _____

Telephone number _____

I hereby give my consent to the disclosure of my personal records held by

_____ (Lead Organisation)

_____ (Organisation)

_____ (Organisation)

In order to assist the investigation of my joint-organisation complaint, which is being co-ordinated by:

_____ (Name of Complaints Lead)

Of _____ (Organisation)

The reason for, and the implications of this have been explained to me by the above named Complaints Lead. I understand that information exchanged as agreed by me must only be used for the purpose for which it was obtained.

Signed: _____

Date: _____

Once completed please return this consent form in the freepost/ stamped addressed envelope provided

