

## **Make a Complaint**

We constantly strive to give patients the best possible care and attention. Your comments, whether complimentary or critical, are always welcome. We regularly review our service and have case discussions.

### **Practice Complaints Procedure**

Complaints can be made verbally to staff. Alternatively, you may obtain a complaint form from reception, included in this is an authorisation form for completion if you are raising concerns on behalf of a patient. Please note that we have to respect our duty of confidentiality to patients and a patient's consent will be necessary if a complaint is not made by that patient in person. Please fill in the details and hand in at reception or alternatively you can send it to the attention of Mr David Nicholson, Practice Manager.

In all cases we would acknowledge your complaint in 2 working days of receipt and offer you an opportunity to discuss the complaint with one of the Partners.

We will try to:

- Address your concerns fully
- Provide you with an explanation
- Discuss any action that may be needed

We hope that you will be satisfied that we have dealt with your complaint thoroughly. However, if this is not possible and you wish to continue with your complaint, we will direct you to the appropriate authorities.

Our Practice procedure is not able to deal with questions of legal liability or compensation. We hope you will use it to allow us to look into and, if necessary, put right and problems you have identified or mistakes that have been made.

**HELP US TO HELP YOU!**

If you use this procedure it will not affect your right to complain to the Primary Care Trust if you so wish. If you need any assistance in making a complaint, please contact PALS (Patient Advice & Liaison Services) on Freephone 0800 0320 202.

## Statement of Complaint Form

Patient		Person Making the Complaint	
Name:		Name:	
Address:		Address:	
Telephone Number:		Telephone Number:	
Ethnicity of Patient:			
Gender:			
Any relevant disabilities or religious beliefs:			
Date of Birth:			
<u>AREA OF COMPLAINT:</u>			
Organisation:		Department:	
Date of Incident (if known)		Name of staff involved (if known)	

**Summary of Complaint:-**

**I certify that this is a true and accurate account of the verbal complaint I raised with .....**

**Signed .....**

**Dated .....**

**For completion by Saville Medical Group staff only**

<b>Date received:</b>	
<b>Name of staff member who took the complaint:</b>	
<b>Signature of staff member</b>	

**Completed forms to be returned to Mr David Nicholson**

**For further information or in the event that you have any queries, please contact Mr David Nicholson on 0191 2428245.**