**PRIORY GP PRACTICE C.I.C COMPLAINTS FORM**

**Complainant’s Details:**

Name:

Address:

Date of Birth:  / /

Usual Practitioner:

Signed:

Date:

**Patient’s Details:**

(If different from above please complete and return the attached Consent Form)

Name:

Address:

Date of Birth: / /

Usual Practitioner:

**COMPLAINT**

Please provide details of your complaint below (including dates of events and people involved):

**COMPLAINT (Continuation Sheet)**

**Please send your complaint form marked:**

**COMPLAINT PERSONAL IN CONFIDENCE**

**To: Mark Ruck, Practice Manager**

**CONSENT FORM *\*Please read the notes before completing the form below\****

**You (i.e. the Complainant) can make a complaint or enquiry on behalf of a patient / client / (i.e. service user) but we will require consent to respond to you where it involves disclosing any confidential or personal information about the service user**

Service User’s Full Name:

Service User’s Date of Birth: / /

Service User’s Address:

**Declaration and Signature by Complainant**

**Please tick the correct box/s and sign below:**

**1.** ☐I have been asked by the service user to make this complaint / enquiry on his / her behalf, and the service user’s written consent is below

Service User’s Signature:

Print Name:

Date: / /

**2.** ☐I am acting for a service user who does not have the capacity to consent, and I am the appropriate person to act as representative of the service user

a. Please clarify relationship to the service user

b. Please provide the reason why the service user does not have capacity to consent and enclose supporting evidence (where applicable):

**3.** ☐The service user is deceased and I am the appropriate person to act as representative of the deceased (please clarify relationship to the deceased)

**OR**

☐ Their personal representative. I attach legal documents confirming my appointment

(ie. Grant of Probate, Letters of Administration, Letter from Solicitor)

**4.** ☐I have been asked to act as the representative for the appropriate person (where the service user does not have capacity to consent: 2 above; or is deceased: 3 above) to make this complaint / enquiry on his / her behalf, and the appropriate person’s written consent is below.

☐Please clarify the appropriate person’s relationship to the service user, and provide any supporting evidence (where applicable)

**Appropriate Person’s Signature:**

Print Name:

Date: / /

**Signature of the Complainant**:

Print Name:

Date: / /

***NOTES PAGE***  \****To be read prior to completion of Consent Form\****

**A. Who can complain?**

“*Any person can complain about any matter connected with the provision of HSC services. Complaints can be made by:*

*A patient or client*

*Former patients, clients or visitors using HSC services and facilities*

*Someone acting on behalf of existing or former patients or clients, providing they have obtained the patient’s or client’s consent*

*Parents (or persons with parental responsibility) on behalf of a child*

*Any appropriate person …”* (see 2 below).

(Para 2.3, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

**B. Who is an appropriate person?**

An appropriate person is someone who is acting on behalf of *“a patient or client unable by reason of physical or mental capacity to make the complaint himself or who has died, e.g. the next of kin.”*

*“Complaints by a third party should be made with the written consent of the individual concerned. There will be situations where it is not possible to obtain consent, such as:*

*Where the individual is a child and not of sufficient age or understanding to make a complaint on their own behalf*

*Where the individual is incapable (e.g. rendered unconscious due to an accident; judgement impaired by learning disability, mental illness, brain injury or serious communication problems)*

*Where the subject of the complaint is deceased.”*

*“Where a person is unable to act for him/herself, his / her consent shall not be required.”*

(Para 2.3-2.5, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

**C. Other representatives**

There will be occasions when the appropriate person asks another party to act as complainant (i.e. his / her representative) in the complaint. In such situations, point 4 of the form overleaf should be completed.

**D. Not suitable to act as representative**

In all circumstances, *the Complaints Manager* “*will determine whether the complainant has sufficient interest to act as a representative. The question of whether a complainant is suitable to make representation depends, in particular, on the need to respect the confidentiality of the patient or client.”*

(Para 2.6, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

Where the Complaints Manager is of the opinion that a representative does not have sufficient interest in the service user’s welfare or is unsuitable to act a representative, that person will be notified in writing.

**E. Further information?**

More information on the HSC Complaints Procedure is also available at website www.dhsspsni.gov.uk/hsccomplaints.htm