

## **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 national criteria.

### **How do I complain?**

In the first instance, please raise your complaint immediately by speaking to any member of the practice e.g. A Doctor, Nurse, Receptionist or Practice Manager. We will always take any issues you raise seriously and will try to resolve your concerns there and then.

If you are not satisfied with the response you can complain orally, or in writing to the Practice Manager, including using the form attached to this leaflet. The address to send your complaint to is:

Mr Mike Holmes, Practice Manager, High Field Surgery, Holtdale Approach, Leeds, LS16 7RX

**You can obtain advice and support regarding complaints from the Patient Advice and Liaison Service (PALS) on 0800 0525 270. Alternatively the NHS Complaint Advocacy Service is a free confidential service that can provide support to those with complaints against the NHS. They can be contacted at Leeds Independent Health Complaints Advocacy (LIHCA) , Unit 3, Unity Business Centre, 26 Roundhay Road, Leeds LS7 1AB, Tel 0113 244 0606**

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.

### **Can I complain on behalf of someone else?**

We keep strictly to the rules of medical confidentiality. 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 will happen when I complain?**

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 10 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

### **What if I am still unhappy with the Practice Response?**

If you feel that your concern is not addressed to your satisfaction you can ask The Parliamentary and Health Service Ombudsman for an Independent Review of your case. You can contact the commission at:

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

Tel: 0345 015 4033  
Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)  
Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)



Holtdale Approach  
Leeds, LS16 7RX  
Tel: 0113 295 3600

[www.highfieldsurgery.com](http://www.highfieldsurgery.com)

**Patient Complaint Form**

Patient Full Name: .....

Date of Birth: .....

Address: .....

.....

.....

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

SIGNED.....

Print name.....

(Continue overleaf if necessary)

**PATIENT THIRD-PARTY CONSENT**

Patient Full Name: .....

Date of Birth: .....

Address: .....

.....

.....

Telephone Number .....

Enquirer / Complainant Name.....

Address: .....

.....

.....

Telephone Number .....

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, 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: .....