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| Complaint / Comment Form | | | | |
| Do you wish to make a:  (please tick) | **Complaint** |  | **Comment** |  |

We are keen to receive both complaints and comments around the care or services you have experienced or received. This form is an opportunity for you to provide this feedback to us so that we can review and where required respond.

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| Please specify the name of the service this contact relates to: |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: About you** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
| Post Code: | |  | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | |
| Made on behalf of: | | Self |  | Friend | |  | | Relative | |  | Other  (Please specify) | | |  | |
| Please note if you are complaining on behalf of someone else, we will need their consent for this. | | | | | | | | | | | | | | | |
| How would you like to be contacted? | | | | | | | | | | | | | | | |
| Phone |  | | Mobile | |  | | Email | |  | | | Post |  | Video Call |  |
| Is there anything we can do to make it easier for you to access our complaint service? For example, you may wish to receiving information from us in large print. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Service User Details (if different from above)** | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | | | | | | | |
| Telephone: |  | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | |

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| **Section 2: The Complaint** |
| Briefly tell us what your complaint is about. Tell us what happened, when, and who was involved: |
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| Please tell us how you, or the person you represent, have been affected by what has happened: |
|  |
| What would you like to happen? What outcome would you like? |
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| **Section 3: Authorisation and Consent** |
| Please look at my complaint.  I agree that you can access all relevant information, including any personal records that you hold, so that you can look into my complaint and provide me with a response.  Your signature:  Date: |
| If you are supporting someone with their complaint or complaining for someone else, they must sign below if they can.  I agree that……………………………………………………………… can complain for me/is supporting me with my complaint, and that you can access the information you need, including any personal records that you hold, to investigate my complaint.  I understand that this may mean that my advocate or representative will be able to see personal information you obtain for the investigation, including any relevant extracts from my medical records.  I also understand that you may contact me to confirm the above.  Signature:  Date: |

If you are currently accessing trust services, please hand this form to staff and it can be returned via the internal courier service, free of charge.

**Please forward to:** Complaints Department, Tees, Esk and Wear Valleys NHS Foundation Trust,

Flatts Lane Centre, Middlesbrough, TS6 0SZ

or

**Email** the completed form to: tewv.complaints@nhs.net