

**Health Complaints**

**Referral Form**



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| **Health Complaints** **Advocacy can:**   * Help you to complain about any NHS funded service you have received * Support you to write letters or attend meetings about your complaint * Provide templates and guidance for you to make your own complaint * Give you information about where and who to complain to   \*\* **You must live within the borough of Croydon** to receive Health Complaints Advocacy. The **NHS service that you  complain about does not have to be within the Borough of Croydon**. | | | |  |
| I:\lores_images\Telephone.jpg | If you **need help** with this form call us on  **0345 310 1812 option 1 for referrals** | | | |
|  | Monday to Friday between 9am and 5pm | | | |
| I:\lores_images\Formhelp2.jpg | Or you can ask **someone you trust to help** you | | | |
|  | Find this referral form at [www.advocacyforcroydon.org](http://www.advocacyforcroydon.org) |  | Send your completed referral form to [referrals@advocacyforall.org.uk](mailto:referrals@advocacyforall.org.uk) | |
|  | Advocacy for All, The Civic Centre, St Mary’s Road, Swanley BR8 7BU | | | |

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| **About the patient**    **)** | | | |
|  | | | |
| patient’s name | Click or tap here to enter text. | patient’s date of birth | Click or tap here to enter text. |
| patient’s address | Click or tap here to enter text. | patient’s age | Click or tap here to enter text. |
|  | patient’s gender | Click or tap here to enter text. |
|  | please tell us if you have any needs we | Click or tap here to enter text. |
| I:\lores_images\Telephone.jpgpatient’s  tel | Click or tap here to enter text. | should know about |
| I:\lores_images\TextMessage.jpgpatient’s mobile | Click or tap here to enter text. | patient’s  email | Click or tap here to enter text. |
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| Ethnicity: Choose an item. |
| Sexuality: Choose an item. |
| Religion/Faith: Choose an item.  Main disability, if any: Choose an item.  Second disability, if any: Choose an item.  If other, please say: Click or tap here to enter text. |

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| **If you are the person making the complaint, but are not the patient, please fill in the following sections** | | | |
| your name | Click or tap here to enter text. | has the patient agreed to this complaint proceeding?  (Yes/No/Deceased) | Click or tap here to enter text. |
| your address (if different) | Click or tap here to enter text. |
|  |
|  | your relationship to the patient | Click or tap here to enter text. |
| I:\lores_images\Telephone.jpg  tel | Click or tap here to enter text. |  |
| I:\lores_images\TextMessage.jpg  mobile | Click or tap here to enter text. | please tell us if you have any needs we  should know about | Click or tap here to enter text. |
| email | Click or tap here to enter text. |

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| Name of NHS service you wish to complain about | Click or tap here to enter text. | Address | Click or tap here to enter text. |
| Name of NHS staff member, department, etc. if relevant | Click or tap here to enter text. |
| I:\lores_images\Telephone.jpg | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |
| I:\lores_images\InformationSign.jpg | Please write as much as you can about the **complaint** here. It is helpful to include **when & where** the incident happened & **who was involved**.  Click or tap here to enter text. | | |

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| I:\lores_images\Decision.jpg | **What outcome do you expect from the complaints procedure?**  (e.g. \*an apology \*an explanation \*answers to specific questions \*action to put things right \*an assurance that the same things won’t happen to someone else)  Click or tap here to enter text. |

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| **Consent Form**  The **Data Protection Act** says we need to make sure you agree that we can **keep personal information** on you. | | | | |
| I would like Advocacy for All to work with me and to request, receive and hold any information as may be relevant to my complaint. I ask that you deal with my Advocacy for All Advocate as if you were dealing with me personally. | | | | |
|  | **Patient’s signature**  ***Type in name if completing electronically*** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |
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| The **referrer’s agreement** | | | | |
| **I confirm that I have consent from the client to make a referral to Advocacy for All or I confirm I have the authority to make a referral for the client. I understand that the information I provide about the client will be stored securely on a computer.** | | | | |
|  | **Person making the complaint’s signature**  ***Type in name if completing electronically*** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |

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| **Advocacy for All is an Independent Advocacy Organisation Charity No: 1068455 Company No: 3407428** |