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| **Tel: 0345 310 1812****Email: referrals@advocacyforall.org.uk****Web: www.advocacyforall.org.uk****Advocacy for All****The Civic Centre****St Mary’s Road****Swanley****BR8 7BU** C:\Users\shirley.wadeson\Desktop\Advocacy for All logo_1_Hi-res (RGB).jpg  | **Croydon Health Complaint****Referral Form** |

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| Advocacy for All is totally independent from statutory organisations and all other service delivery and is free from conflict of interest. **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**. |  |
| **If you cannot fill in this form, please click view then edit.**If youneed helpwith this form, please call us on: **0345 310 1812 and option 1 for referrals** Monday to Friday between 9am and 5pmOnce completed, please email to **referrals@advocacyforall.org.uk** or by post to: **Advocacy for All,** **The Civic Centre, St Mary’s Road, Swanley BR8 7BU**  |  |

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| **About the Patient**  **)** |
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| **Name** |  Click or tap here to enter text. | **Date of birth** |  Click or tap here to enter text. |
| **Address** |  Click or tap here to enter text.Own Home [ ]  Residential Home [ ]  Nursing Home [ ]  Supported Living [ ]  Other [ ]  Click or tap here to enter text. | **Age** |  Click or tap here to enter text. |
| **Is this your?** | **Gender** | Man [ ]  Woman [ ]  Transgender [ ]  Non Binary [ ]  Intersex [ ]  Prefer not to say [ ]  Your own term:………………….. |
|  | **Please tell us if you have any needs we** | Click or tap here to enter text. |
| **Telephone** |  Click or tap here to enter text. | **should know about** |
| **Mobile** |  Click or tap here to enter text. | **Email** | Click or tap here to enter text. |
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| **Ethnicity:** Choose an item.**Religion/Faith:** Choose an item. |
| **Sexuality:** 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.** |
| **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.  |
| **Address (if different)**  |  Click or tap here to enter text. |
|  | **Your relationship to the patient** | Click or tap here to enter text. |
| **Telephone** |  Click or tap here to enter text. |  |
| **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. |
| **Telephone** | Click or tap here to enter text. |
|  | **Email (if known)** | Click or tap here to enter text. |

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| Please write as much as you can about the **complaint** here. It is helpful to include **when and where** the incident happened & **who was involved**.Click or tap here to enter text.      |

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| **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 |

