

# CRICKLADE SURGERY

## PATIENT COMPLAINTS PROCEDURE

### DOCUMENT REVISION AND APPROVAL HISTORY

Version	Date	Version Created By:	Version Approved By:	Comments
	1/4/2021	C Taylor	C Taylor	
	1/4/2022	Reviewed	C Taylor	
	8/1/2025	Reviewed	C Taylor	

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 or exceeds national criteria.

### HOW TO COMPLAIN

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. You should address your complaint in writing to the Operations Manager (you can use the attached form) they will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

### COMPLAINING 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 complaint form is attached.

### WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and then fully investigate the situation. If we expect the investigation to take a while we will explain the reason for this 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

## TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

Patient and Liaison Services (PALS)

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB)

Tel 0300 5610250

Email - [scwcsu.palscomplaints@nhs.net](mailto:scwcsu.palscomplaints@nhs.net)

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London, SW1P 4QP

Tel 0345 0154033

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

NHS England

PO Box 16738

Redditch, B97 9PT

Tel: 0300 3112233

Email - [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

**CRICKLADE SURGERY  
PATIENTS COMPLAINT PROCEDURE**

**PATIENT COMPLAINT FORM**

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: : \_\_\_\_\_

\_\_\_\_\_

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

SIGNED.....Print name.....  
(Continue overleaf if necessary)

**CRICKLADE SURGERY  
PATIENT COMPLAINTS PROCEDURE**

**PATIENT THIRD PART CONSENT**

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Enquirer/Complainant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**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 only and I wish this person to complain on my behalf.

This authority is for an indefinite period/for a limited period (delete as appropriate)

Where a limited period applies, this authority is valid until.....(insert date)

Signed:..... (Patient only)

Date.....

