**Complaint Form**

You may use this form to register a complaint about the services provided to you or on behalf of someone else by Sherwood Forest Hospitals NHS Foundation Trust. If you would like further advice or help with completing this form, please contact the Patient Experience Team on 01623 672222.

Alternatively, if you require any independent assistance or support during the complaints process, you can contact POhWER (NHS Complaints Advocacy). Telephone: 0300 456 2370 or Email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

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| **1. About you:**  Mr / Mrs / Ms / Miss / other *(please state)*  Name: ……………………………………….. Date of birth: ……………………………………….. | |
| **2. Your address:**  ………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………  Postcode: ……………………………………….. | |
| **3. Your contact details:** | |
| Home tel: ……………………………………….. | Work tel: ……………………………………….. |
| Mobile: ……………………………………….. | Email: ……………………………………….. |
| **4. Are you complaining on behalf of yourself?** YES / NO *(delete as appropriate)*  If **YES** go to section 5  If **NO**, please provide details of the person you are raising concerns about.  Patient’s name: ……………………………………….. Hospital Number …………………………  Patient’s date of birth: …………………………… NHS Number …………………………….  Your relationship to the patient: ………………………………………..  Patient’s address: ………………………………………..………………………………………..………  ……………………………………………………………..……………………………………………….. | |
| Home tel: ……………………………………….. | Mobile: ……………………………………….. |
|  | |
| **5. Details of complaint**  Date of incident or time period involved: ……………………………………………………………  Wards/departments involved: ……………………………………………………………  Please provide details of your concerns below, including any additional information which you feel may be helpful. Please attach additional sheets if necessary. | |
| **6. Please state the specific questions/issues which you would like us to investigate and respond to** | |

**How we will respond to the concerns you have raised**

Upon receipt of your completed complaint form, one of our Patient Experience staff will contact you. This will be to personally discuss your experience, talk about any issues regarding consent, timescales for responding to you, and whether you would like our response to be in writing or if you would prefer a meeting.

I would like you to write to me / arrange a meeting *(delete as appropriate)* to respond to the concerns I have raised.

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| Signed:  ……………………………………………...  (complainant or person raising issues on behalf of patient/carer/visitor)  Print name: ………………………………  Date: ……………………. |  | **Returning this complaint form**  Please either complete this form online and submit to [sfh-tr.pet@nhs.net](mailto:sfh-tr.pet@nhs.net)  Or post it to:  Patient Experience Team  Sherwood Forest Hospitals NHS Foundation Trust  Kings Mill Hospital  Mansfield Road  Sutton in Ashfield  Notts  NG17 4 LJ |