CHARLTON MEDICAL CENTRE

LION STREET, OAKENGATES, TELFORD, SHROPSHIRE TF2 6AQ

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 PRACTICE MANAGER : Carrie Anne Wood

**DR. G.P. WOOD (Partner)**

*MBChB DCH DRCOG MRCGP*

**DR. D.A. SHARP (Partner)**

*MBChB MRCGP*

**DR. M.A. O’TOOLE (Partner)**

*MB BS DCH DRCOG*

**DR. P. SINGH (Partner)**

*MBBS DRCOG MRCGP*

 COMPLAINT FORM

**Patient Details:**

Name………………………………………………………………………………

Address……………………………………………………………………………

……………………………………………………………………………………….

Date of Birth…………………………………

Complainants Details [where complaint is made on behalf of patient].

Name………………………………………………………………………………………..

Address…………………………………………………………………………………….

………………………………………………………………………………………………..

Date of Birth…………………………………

This section to be completed by the patient if the complainant is not the patient:

I authorise the complaint set out below to be made on my behalf by …………………………… [name] and I agree that the practice may disclose to the complainant confidential information held by them [but only in so far as it is necessary to answer the complaint].

**Patient’s Signature** …………………………………. **Date** …………………..

**Complainant’s Signature** ………………………………… **Date** ..……………………….

**PLEASE GIVE DETAILS OF YOUR COMPLAINT ON THE REVERSE OF THIS FORM OR ALTERNATIVELY PLEASE ATTACH A SEPARATE DOCUMENT. THANK YOU.**

Details of complaint:

CHARLTON MEDICAL CENTRE

PRACTICE COMPLAINTS PROCEDURE

If you have a complaint or concern about the service that you have received from the doctors, nurses or any of the staff working in the practice, please let us know. We operate a Practice Complaints Procedure as part of the NHS system for dealing with complaints. Our procedure complies with the national criteria.

# IF YOU WISH TO COMPLAIN

We hope that most problems can be sorted out quickly and easily with the person concerned. If your problem cannot be sorted out in this way you may wish to make a complaint to the practice. Please let us know as soon as possible as this will make it easier to establish what has happened. [You must notify us of the complaint within 6 months of the incident that caused the complaint or if the problem was not evident at the time, within 6 months of discovering the problem provided that it is within 12 months of the incident itself.]

To make a complaint we ask you to put your concerns in writing, either on the complaint form or as a letter and address it to the Practice Manager. Please be as specific and accurate as you can.

# WHAT WE WILL DO

We will acknowledge your complaint in writing, within 3 working days of receiving it.

We take all complaints from patients very seriously and the matter will be discussed by all the doctors at their next meeting, who will decide what further action we need to take. This should take place within 2 to 3 weeks of receiving your complaint but may be delayed if a suitable meeting is not available.

During this meeting we will:

* Examine what happened and what went wrong.
* Decide whether we need to investigate the matter further.
* Make sure that you receive an explanation and an apology if this is appropriate.
* Identify what changes we must make to avoid the problem happening again.

**COMPLAINING OF BEHALF OF SOMEONE ELSE**

We are strictly bound by rules of medical confidentiality. If you are complaining on behalf of some else we have to know that you have their permission to do so, and that we can discuss their confidential matters with you. We therefore need them to sign a consent form to allow us to do so.

**IF YOU ARE NOT SATISFIED WITH OUR PROCEDURE**

We hope that we can resolve the problem and satisfy your complaint by the above procedure. However if you are not satisfied with our response, you can ask the Health Service Ombudsman to review your case.

You can contact them on 0345 015 4033 (The helpdesk is open 8.30am to 5.30pm Monday to Friday, excluding public holidays), or write to them at:

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Or visit their website at [www.ombudsman.org.uk](http://www.healthcarecommission.org.uk)