



## Patient Complaint Form

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 Debbie Penrose – Practice Manager (you can use the attached form). She 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 (a separate leaflet giving more detail on confidentiality is available on request). 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 Consent Form is provided below.

### What will we do

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 28 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay 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 NHS England, who commission local health services, or if you are still not satisfied by their response, the next step would be to contact the Parliamentary and Health Service Ombudsman (PHSO) to review how the complaint has been handled.

## Complaints to made to the Commissioner – Frimley Integrated Care Board

From 01 July 2023 Integrated Care Boards (ICBs), the organisations that have responsibility for commissioning healthcare in your area, have taken on responsibility for investigating complaints made about primary care services – these are NHS services provided by GPs, Dentists, Optometry and Pharmacy.

The South East Complaints Team work on behalf of the Integrated Care Boards (ICBs) across the South East Region: Buckinghamshire, Oxfordshire & Berkshire West, Frimley, Hampshire & Isle of Wight, Kent & Medway, Surrey Heartlands, Sussex.

There are two ways people can make a complaint about GP Practices, dentists, opticians or pharmacies:

- They can complain to the healthcare provider: this is the organisation where they received the NHS service, for example a GP practice, a dental practice, a community pharmacy or an optometry practice or
- They can complain to the commissioner of the service: this is the organisation that paid for the service or care they received.

The South East Complaints Hub can be contacted as below:

Email: [frimleyicb.southeastcomplaints@nhs.net](mailto:frimleyicb.southeastcomplaints@nhs.net)

Phone: 0300 561 0290

Post: South East Complaints Hub, NHS Frimley Integrated Care Board  
King Edward VII Hospital,  
St Leonards Road,  
Windsor,  
SL4 3DP



## COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

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

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



**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_  
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 only (delete as appropriate)

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

Signed: ..... (Patient only)

Date: .....