

COMPLAINTS PROCEDURE

If you have any complaint or concern about the service that you have received from the doctors or staff working for this practice you are entitled to ask for an explanation. We operate an in-house complaint procedure to deal with your complaint however the procedure does not deal with matters of legal liability or compensation.

We welcome any comments, compliments, concerns and complaints we believe that these provide the opportunity to tell us:

- What is working
- Identify potential service problems
- Identify risks and prevent them from getting worse
- Highlight opportunities for staff improvement
- Provide us with information we need to review our services and procedures effectively

This procedure does not affect your right to make a formal complaint to Rotherham Health Watch if you so wish, nor does it affect your right to seek compensation in law.

Your complaint will be addressed to the Practice Manager who will ensure that it is investigated thoroughly and as speedily as possible. The complaint will be **acknowledged** within 3 working days and we will attempt to finalise the complaint as quickly as possible. If, for some reason a response is likely to take more than six months the case will be reviewed and you will be notified in writing with an explanation for the delay.

On receipt your complaint will be investigated by someone within the Practice. It is likely that as a first step, the investigator will contact you directly to ensure that they fully understand your complaint. The investigator will then interview appropriate members of the practice staff and may inspect relevant documents and medical information.

A finalised report will be produced and signed off by a responsible person within the organisation. This will include the conclusion of the investigation and any organisational learning where applicable. Additionally if you are not happy and wish to progress the complaint further you will be given assistance on how to do this.

The Practice must ensure strict adherence to the rules of confidentiality. We are unable to provide confidential information without the appropriate authority. You will need signed consent if complaining on behalf of someone else about the care they have received.

A copy of our complaint form is enclosed but you do not have to use it if you prefer to set out your complaint in your own way. We can help you to write down your complaint if you feel you need help to do so. Please do not hesitate to contact the Practice Manager who will be pleased to assist you.

At the conclusion of the investigation you will be informed of the outcome and this can be discussed in detail. If you are unhappy with this outcome you will be given information on the further steps you can take.

COMPLAINT FORM

Complainant's details

Patient Name:		Date of Birth:	
Address:		Contact Phone Number:	
Relationship to patient:		Mobile Number:	

Summary of complaint

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Details of complaint

Date		Time		Place	
Identify member(s) of Practice:					

Full description of events (Continue on additional sheet where necessary)

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Complainant's signature:

Date:

Where the complainant is not the patient:

I _____ hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far as it is necessary to do so to answer the complaint) confidential information about me, which I provided to them.

Patient's signature:

Date: