

## COMPLAINTS FORM

### Completing the Form

Please use **BLOCK CAPITALS** when completing contact details. If you have any difficulties in filling out this form, or any questions about the complaint process, please call the complaints handling team on 07342 508776 between 9.00 am to 5.00 pm Monday to Friday excluding public holidays. We can also help to fill in the complaints form for you.

If you would like someone to act on your behalf (perhaps an advocate, friend or relative), please provide their details and your written permission at the end of this form.

### Special Requirements

Do you have any special requirements which we need to know about to help us communicate with you? If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please use the space below to tell us how we might help.

### Details of Service User/person involved in the complaint

|  |  |
|--|--|
| Title e.g. Mr, Mrs, Ms, Miss, Dr etc   |  |
| First Name   |  |
| Surname  |  |
| Date of Birth  |  |
| Address  |  |
| Daytime contact telephone number   |  |
| Mobile telephone number<br>(9am to 5pm)  |  |
| Email - if you have an email address we will send a confirmation email to this address. Please make sure your details are correct. |  |
| Unit Name  |  |
| NHS Number (if known)  |  |

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### Details of the Person who is making the complaint

If you are not the Medicare Service User or their advocate, please ask the Service User or their advocate to sign the Authorisation Declaration at the end of this form to give his/her permission for you to act as his/her representative.

|  |  |
|--|--|
| Title e.g. Mr, Mrs, Ms, Miss, Dr etc   |  |
| First Name   |  |
| Surname  |  |
| Address  |  |
| Your relationship to the patient   |  |
| Daytime contact telephone number<br>(9am to 5pm)   |  |
| Mobile telephone number  |  |
| Email - if you have an email address we will send a confirmation email to this address. Please make sure your details are correct. |  |

### About your complaint

Which Unit (House Name) is your complaint about?

**Where** did the incident(s) or event(s) happen that led to your complaint? Please be as specific as possible.

**When** did the incident/s happen that led to your complaint? If more than one date, please specify when the incidents/events occurred. Please give date and time or indicate the time period when the incidents occurred – from and to.

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**Please describe the circumstances that have led you to complain.**

Please include details of:

- Who was involved? You should confirm whether there are any witnesses and provide their names and contact details if possible.
- What was said and done?
- How it has affected you or the Service User?
- What you think the service failed to do, or did wrongly?

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If there is not enough space please continue on a separate piece of paper and attach it to this form. You may wish to include copies of correspondence you wish to be considered as part of our investigation with this form, or if you are filling this out online, to list information that you feel Medicare Support and Housing LTD might wish to request from you. Please note that Medicare Support and Housing LTD may not be able to progress the investigation of your complaint to completion until we have received all the information we require.

**What do you think Medicare Support and Housing LTD should do to put things right? Please say what outcome you would like to see from this complaint.**

This could be an apology, explanation, further appointment, a request for the Trust to consider changing its practices or, other (please specify).

**If there has been a delay in telling us of your complaint, please state why.**

We will contact you and acknowledge your complaint within 3 working days of receiving your communication. We try to respond quickly and give you a formal response within 25 working days.

**How would you like us to contact or reply to you?**

Having completed our investigation into your complaint we will respond to the concerns that you have raised. How would you prefer us to contact you?

|                                   |  |
|-----------------------------------|--|
| I prefer to receive a response by |  |
| Letter                            |  |
| telephone call                    |  |
| Meeting                           |  |
| other (please specify)            |  |

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### Authorisation

#### 1. Authorisation to pass details to other services/organisations

I give my consent for you to pass the information contained on this form to the appropriate service/organisations for consideration. I also understand that the appropriate service/organisations may share relevant information in order to complete the investigation into my complaint. I understand that this may include the disclosure of confidential personal information.

If you are not the Service User/person making the complaint, you must obtain the Service User/person's consent to act as his or her representative – please ensure that you sign the first signature box identifying that you are the complainant and that the service user signs the second signature box giving consent for you to act as the complainant and that the patient consents to the potential disclosure of confidential personal information which may be shared with appropriate services/organisations and yourself.

|  |
|--|
|  |
|--|

Signature of the Person making the complaint

Date

#### 2. Service User's consent for another person to act as a representative

I give permission for another person to act as my representative and I wish Medicare Support and Housing LTD to investigate my complaint and consent to the obtaining of all relevant papers for the purposes of investigating the complaint. I understand that confidential personal information which may be of a sensitive nature may be disclosed to appropriate services/organisations and to my representative if appropriate to the case.

|  |
|--|
|  |
|--|

Patient's signature if s/he is not making the complaint

Date

### Where to send this form

Medicare Support and Housing LTD  
Regus House  
Fairbourne Drive  
Atterbury Lakes  
Milton Keynes  
MK10 9RG Tel: 07342 508776  
Email: [complaints@medicaresupport.co.uk](mailto:complaints@medicaresupport.co.uk)

## COMPLAINTS FORM

**FOR OFFICE USE ONLY** - Additional Notes

|                                    |  |
|------------------------------------|--|
| Date Complaint Form received       |  |
| Datix case reference number        |  |
| Name of staff making first contact |  |
| Risk Grading                       |  |