Making a complaint about the NHS in England

The Health Service Ombudsman can carry out independent investigations into complaints made about poor treatment or service provided through the NHS. We are the final stage of the NHS complaints process and we would normally expect that the organisation you are complaining about has had the opportunity to respond to your concerns.

This form is to help us decide if we can look at your complaint. We need specific information from you so that we can deal with your complaint as quickly as possible. If we feel that we do not understand your complaint, then we may return the form to you to be completed before we take any action on your complaint.

To help us consider your complaint, we need to see all the evidence that you have about it - in particular, letters to and from the organisation you are complaining about. We are happy to copy originals and return them to you.

If you are unable to fill in the form or you need any advice, you can contact our helpline on 0345 015 4033.

The helpline is open from 8:30am to 5:30pm Monday to Friday, excluding public holidays.
**SECTION 1: About you**

If you are complaining on behalf of someone else, then they must complete Section 7 of this form if they are able to.

1. **About you:**

   Name: _____________________________________________________________

   Address: ___________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

   Postcode: __________________________________________________________

   Telephone number: _________________________________________________

   Email: _____________________________________________________________

   How and when would you prefer to be contacted? ________________________
   _________________________________________________________________
   _________________________________________________________________

   Do you have any special requirements for us to communicate with you? We will make adjustments for you if we can.
   _________________________________________________________________
   _________________________________________________________________

   Are you being supported by an advocacy organisation? Please provide their details if you would like us to copy them into our correspondence.
   _________________________________________________________________
   _________________________________________________________________

We’ll keep in touch with you in whichever way works best for you. However, we do need to make you aware that with email there is always a small risk of messages being intercepted. If this is your preferred way for us to contact you, please let us know by ticking one of the boxes below. As a precaution, and for added peace of mind, we will also password protect any sensitive documents we send you.

To confirm you are content for us to email you, please tick this box □

If you do not want us to correspond with you by email, please tick this box □
2. Is the complaint about the care or service that you received? YES / NO
   If you have answered NO to this question, please also complete questions 3 and 4.
   If you have answered YES to this question, please go to question 5.

3. **About the patient / service user**
   Who is the patient / service user:
   Name: ____________________________________________
   Address: ___________________________________________________________________
   ___________________________________________________________________
   Postcode: ____________________________________________
   Telephone number: ____________________________________________
   What is your relationship to them? _______________________________________
   If the person has died, please tell us the date of death here:
   ___________________________________________________________________

4. Please explain why the person who has suffered as a result of the problem is not making the complaint themselves. We would normally expect a person to make their own complaint if they are able to. However, you can represent someone to make a complaint if you have their consent.
   ___________________________________________________________________
   ___________________________________________________________________

SECTION 2: Information about the organisation that you are complaining about

Please note that we can only consider complaints about providers of NHS healthcare (which can sometimes include private suppliers where all or part of the care is funded by the NHS). You can contact us before filling in this form if you are not sure whether your complaint is about an organisation we can consider - our helpline number is 0345 015 4033.

5. Which organisation(s) are you complaining about?
   Name: ____________________________________________
   Address: ___________________________________________________________________
   ___________________________________________________________________
   Are you complaining about a particular individual? For example, doctor, nurse:_____________________________________________________________
SECTION 3: Your complaint

We need to know what happened and why you are unhappy with the response to your complaint. Please attach additional sheets of paper if you need more room to set out your complaint. Please do not just say ‘see attached’ and provide copies of previous correspondence. If the organisation has not addressed all of the issues raised in your complaint, then we may decide that there is further work for the organisation to do before we look at your concerns.

6. Please briefly explain what your complaint is about:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

7. Why are you still unhappy following the response(s) from the organisation(s)?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
8. Has the organisation responded to all the issues raised in your complaint?
   
   If the answer to this question is **NO**, then please set out below the issues that have not been addressed.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

9. How have you, or the person you represent, been affected by what happened?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
SECTION 4: Outcome

Examples of remedies we regularly achieve are apologies, improvements to services, and financial payments. Our financial remedies are normally lower than those recommended in the courts.

If your complaint is about an individual practitioner and you want disciplinary action to be taken against them, then your complaint may be better dealt with by a different organisation. Please contact our helpline for further information - 0345 015 4033.

If you want specific care or treatment then you may want to approach your GP first, because we do not normally get involved in an individual’s ongoing care and treatment.

10. What outcome(s) do you want us to achieve for you?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

11. If you are seeking a financial remedy, what would be a reasonable sum of money to remedy your complaint?

___________________________________________________________________

SECTION 5: When things happened

The law says that a complaint should be made to us within a year of you becoming aware there is a problem. We can extend this time limit if we think it is reasonable for us to do so.

12. When did the events occur? _________________________________

13. When were you aware there was a problem and when did you complain?

___________________________________________________________________

___________________________________________________________________

14. If you did not complain straight away, please explain why: ________________

___________________________________________________________________

___________________________________________________________________
15. If the events occurred over a year ago, please explain why you did not complain to us earlier. It would be helpful if you could provide relevant dates of when key events happened. For example, the date of your initial complaint, and dates of responses to your complaints, dates of any meetings.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

16. If there is a long time between any of the above dates, please explain why:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

SECTION 6: Legal action

The law says that we must consider whether it is reasonable for you to pursue legal action to achieve the outcomes you are seeking. Sometimes complaints can be resolved through legal action and the courts may be better placed to make a decision about an appropriate financial settlement.

We may not be able to look at your complaint if you are already pursuing legal action or are planning to take legal action or if we consider that there is a course of legal action open to you that it is reasonable for you to pursue.

17. Are you taking, or planning to take, legal action on your complaint? If YES please give details:

___________________________________________________________________

18. If you want financial compensation as an outcome to your complaint, then please explain why you are not pursuing legal action:

___________________________________________________________________
SECTION 7: Authorisation

I wish the Ombudsman to investigate my complaint and I consent to the obtaining of all relevant papers including medical records, for the purposes of investigating a complaint under the Health Service Commissioners Act 1993.

Signature: ______________________________________________________________
Date: ____________________________________________________________________

If you are complaining on behalf of someone else, they must sign here if they are able to. If they are not able to, please explain why.

I give my consent for a complaint to be made on my behalf and for the Ombudsman to obtain all relevant papers, including medical records, for the purposes of investigating a complaint under the Health Service Commissioners Act 1993. I understand that this may mean that my representative will be able to access personal information obtained for the investigation.

Signature: ______________________________________________________________
Date: ____________________________________________________________________

Parliamentary and Health Service Ombudsman

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