Making a complaint about the NHS in England to the Health Service Ombudsman

Section 1  Can we look at your complaint?

Have you complained to the organisation?

☐ Yes  ☐ No

Has the organisation sent you a final response and suggested that you contact us?

☐ Yes  ☐ No

If you have answered no to these questions, you should complain to the organisation first and give them a chance to put things right. If you are not happy with their final decision, you can then bring the complaint to us to consider.

When did the events happen?

Date:  Month:  Year:

When did you become aware of the problem?

Date:  Month:  Year:

When did you complain to the organisation?

Date:  Month:  Year:
Section 1  Can we look at your complaint? continued

If you haven't been able to complain to us within a year of becoming aware of the problem, please use this space to tell us why, giving as much detail as possible.

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Legal action

Are you taking, or planning to take, legal action about your complaint?

☐ Yes  ☐ No

If yes, please give us details of any legal action you have taken, or are planning.

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Section 2  About you

Title Mr, Mrs, Miss, Ms, Other: ____________________________________________

First name: ____________________________________________________________

Surname: ______________________________________________________________

Address: ______________________________________________________________

Town or city: ___________________________________________________________

Postcode: _______________________________________________________________

Daytime telephone number: _____________________________________________

Email address: _________________________________________________________

Contact method:

☐ Email  ☐ Letter  ☐ Telephone

Is there anything we can do to make it easier for you to access our service? (For example, please let us know if English is not your first language.)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Are you making a complaint for someone else?

If yes, please go to section 3.

If no, please go to section 4.
Section 3 Complaining for someone else

Who is the patient or service user?

Title Mr, Mrs, Miss, Ms, Other: ____________________________________________

First name: _____________________________________________________________

Surname: ______________________________________________________________

Address: ______________________________________________________________

Town or city: ____________________________________________________________

Postcode: ______________________________________________________________

Daytime telephone number: ______________________________________________

Email address: __________________________________________________________

What is your relationship to them? _________________________________________

Has this person died? ____________________________________________________

☐ Yes ☐ No

If yes, then please answer the question below:

If this person has died, please tell us the date of their death.

Date: ______________ Month: __________ Year: ______________

If no, then please answer this question:

Please explain why they can’t make the complaint themselves.

_____________________________________________________________________

_____________________________________________________________________

☐ Please tick this box if they have agreed that you can complain for them. You will need to provide written confirmation of this in section 7.
Section 4  The organisation

Who are you complaining about?

What is the name and address of the organisation you are complaining about?

Are you complaining about a particular person (for example a doctor or a nurse)? Please give their name.

Section 5  About your complaint

Briefly tell us what your complaint is about.
Section 5  About your complaint (continued)

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

Did the organisation answer all the issues you raised in your complaint?

If yes, please go to section 6.

If no, please tell us the issues that they did not address.

Section 6  Putting it right

If we are able to take on your complaint, what would you like us to achieve for you?

(Please see guidance notes.)
Section 7  Authorisation

Please look at my complaint.

I agree that you can get all the relevant papers, including medical records, so that you can investigate this complaint under the Health Service Commissioners Act 1993.

Your signature: ___________________________________________________________

Date: ___________________________________________________________________

If you are complaining for someone else, they must sign below if they can.

I agree that __________________________________ can complain for me and that the Ombudsman service can obtain the information it needs to investigate my complaint under the Health Commissioners Act 1993.

I understand that this may mean that my representative will be able to see personal information the Ombudsman service obtains for the investigation.

The patient's or service user's signature, if you are representing them:

_____________________________________________________________________

Date: __________________________________________________________________

Please post your form and the final decision letter to:

Customer Services
Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP