

# Making a complaint to the Health Service Ombudsman

If you need assistance filling in this form you can contact our Helpline on 0345 015 4033.  
We can give you advice on the best way to make your complaint. We can also help to fill in the form for you.

The Helpline is open from 8.30am to 5.30pm Monday to Friday, excluding public holidays.

Please use BLOCK CAPITALS when filling in this form.

## 1. Which organisation and/or practitioner are you complaining about?

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## 2. Have you completed the formal complaints procedure of the organisation and/or practitioner?

- No *Your complaint should normally be made to the organisation and/or practitioner you are complaining about first to give them an opportunity to consider the complaint and offer a remedy.*
- Not sure *Please contact us on 0345 015 4033 to discuss your complaint.*
- Yes *If you would like help making your complaint, you may wish to contact an advocacy service. Please call our helpline on 0345 015 4033 if you need contact details for such organisations.*

## 3. Have you taken, or are you planning to take, legal action?

- No
- Not sure *This may affect our ability to consider your complaint. Please call our helpline on 0345 015 4033.*
- Yes *This may affect our ability to consider your complaint. Please call our helpline on 0345 015 4033.*

#### 4. About you

Mr/Mrs/Miss/Ms \_\_\_\_\_ Name \_\_\_\_\_

Address and postcode \_\_\_\_\_

\_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Email \_\_\_\_\_

How would you like the Ombudsman to communicate with you?

\_\_\_\_\_

#### 5. Complaining on behalf of someone else

I am making this complaint on behalf of:

Mr/Mrs/Miss/Ms \_\_\_\_\_ Name \_\_\_\_\_

Address and postcode \_\_\_\_\_

\_\_\_\_\_

Daytime telephone number \_\_\_\_\_

What is your relationship to this person?

\_\_\_\_\_

Please explain why this person cannot make the complaint

\_\_\_\_\_

If this person has died, please write the date of death here \_\_\_\_\_

*If you are representing someone else, they **must** sign the authorisation in Section 9 if they are capable.*

#### 6. What was your original complaint to the organisation and/or practitioner and why are you unhappy with their response to your complaint? *(Use an extra sheet, if necessary.)*

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## 9. Authorisation

I wish the Ombudsman to investigate my complaint and 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 capable**

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*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 10. When you have completed this form

Once you have completed this complaints form, send it to us at:

The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

**Please remember to include all the evidence you have about your complaint – in particular letters to and from the organisation and/or practitioner you are complaining about. We are happy to copy originals and return them to you.**