

# Please read the following information before completing this form:

- Please make sure you have complained to the organisation(s) you are unhappy with first and had all your points answered as we may not be able to help you if you have unanswered questions.
- Please make sure you have been given a final response to your complaint and you have been directed to us.
- We may not be able to help you if you are taking legal action.
- We may not be able to help you if your complaint is over 12 months old.



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

Have you complained to the organisation?

Yes

No

Have you completed their complaints process and received a final response from them?

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. For more information on how to do this visit our website [www.complainforchange.org](http://www.complainforchange.org). If you are not happy with their final decision, you can then bring the complaint to us to consider.**

If we have given you a reference number, please enter it here:

## Section 1: About you

Please fill in your details, even if you are complaining on behalf of someone else.

Have you ever contacted us before? Yes/No

Title (Mr, Mrs, Miss, Ms, Dr, Other):

First name:

Surname:

House number or name:

Street name:

Town or city:

Country:

Postcode:

Daytime telephone number:

Alternative contact number (optional):

Email:

How would you like to be contacted? (optional)

- Phone
- Mobile
- Email
- Post

**Is there anything we can do to make it easier for you to access our service?  
(For example, you may wish to receive information from us in large print.)**

**Are you complaining on behalf of someone else?**

**If yes,** please fill in the section below.

**If no,** please go to section 2.

**What is your relationship to them?**

- I am their spouse or partner
- I am their parent or guardian
- I am their child
- I am their carer
- Other .....

**Why can't they make the complaint themselves?**

- The person is a child
- They aren't well enough to do it
- They haven't the ability to do it themselves
- My partner would prefer me to do it
- The person has died
- Other .....

If you are complaining for someone who cannot complain for themselves, we must consider if you are the right person to act on their behalf. We would normally need their consent for this. Please see section 3.

## About the person you are making the complaint for

Title Mr, Mrs, Miss, Ms, Other:

First name:

Surname:

House number or name:

Street name:

Town or city:

Postcode:

Daytime telephone number:

Alternative contact number (optional):

## Section 2: About your complaint

### Legal action

Generally, we cannot investigate a complaint if it is or was reasonable for you to take legal action to get an answer to it. This could include going to court or to a tribunal. We will look at whether legal action would be able to fully answer your complaint or give you what you want.

If you have already been to court or are thinking about taking legal action, please tell us about it here as it may affect whether we can investigate your complaint. Please phone us on 0345 015 4033 if you have any questions about this.

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.

When did the problem you want to complaint about happen?

(The law says that you should complain to us within a year of becoming aware of the problem. Sometimes, depending on the circumstances, we will extend this time limit. Please phone us on 0345 015 4033 if you have any questions about this.)

Date:        Month:        Year:

If you can't remember the exact date, you can give us an estimate.

When did you become aware of the problem?

Date:        Month:        Year:

When did you complain to the organisation?

Date:        Month:        Year:

If you haven't been able to complain to us within a year of becoming aware of the problem, please tell us why you did not complain sooner.

### **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 (optional).

### **The details of your complaint**

Briefly tell us what your complaint is about. Tell us what happened, when and who was involved.



**Did the organisation miss any of the issues you raised in your complaint?**

You may not be satisfied with their answers to your complaint but we need to know if their response missed anything you raised in your complaint to them.

Yes

No

**If yes**, please tell us what points you raised in your complaint that their response failed to answer. Depending on what points have not been answered, we may tell you to go back to the organisation and raise them again.

**Please tell us how you, or the person you represent, have been affected by what has happened:**

**If we are able to take on your complaint, what are you hoping we can achieve?**

We may recommend that organisations explain and apologise, change their procedure and, if appropriate, pay some compensation. Please use this space to explain what you want to happen as a result of your complaint. Note: if we do not think that we can achieve what you want, we will let you know.

**Please attach a copy of the final decision letter from the organisation.**

## Section 3: 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 you can obtain the information you need 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 you obtain for the investigation.

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

Date:

Please email your form and the organisation's final decision letter to:

[phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Or post it to:

Parliamentary and Health Service Ombudsman  
Citygate  
47 - 51 Mosley Street  
Manchester  
M2 3HQ