

# 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 you have been given a reference number by one of our Customer Service Officers, please enter it here. It should start with the letters EN:

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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.

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Who are you complaining about?

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

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

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The details of your complaint

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

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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.

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## Section 2

## About you

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

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.)

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**Are you making a complaint for someone else?**

**If yes, please go to page 7.**

**If no, please go to section 3 on page 9.**

## Section 2 About you (continued)

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 .....

What is your relationship to them?

- 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 normally need their agreement for this.

Please see section 3, page 9.

## Section 2 About you (continued)

### 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: .....

Country: .....

Postcode: .....

Daytime telephone number: .....

Alternative contact number (optional): .....



## 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 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:

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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:**

**Customer Services**

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