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. 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:

### Section 1: About your complaint

### When did the problem you want to complaint about happen?

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.****

## 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.

### 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.

### 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**.

### How have you, or the person you represent, 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 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.)

### Are you complaining for someone else?

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

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

### 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 normally need their agreement for this.

Please see section 3, page 9.

### 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 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:

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