

## COMPLAINTS FORM

### Section 1 – About you

In relation to the concerns being raised are you the:  Patient  Complainant  Both

#### THE PATIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

H&C / Hospital No. (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternative (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Complaints made on behalf of a patient or client (known as the complainant) – can you please complete the following section in order for the Complaints Department to liaise directly with you.

**Please note: Consent Form needs to be completed and signed by Patient / Client concerned to enable complaint to be processed.**

#### THE COMPLAINANT

Relationship to the patient / client: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternative (mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### ABOUT YOUR COMPLAINT

**In relation to the raised concern the patient / client's Health and Social Care Records will be obtained as part of the investigation process. Are you happy for this to occur?**

Yes

No

I would like further detail

**If there has been a delay of more than 12 months in telling us of your complaint, please state why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF COMPLAINT (continue on a separate page if necessary)**

**Outline the background to the complaint and give a brief description of what you think the service failed to do, or did wrongly.**

**OUTCOME**

**What remedy do you hope to achieve as a result of you making a complaint?**

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**SIGNATURE OF COMPLAINANT**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print your signature:** \_\_\_\_\_

If you have signed the above on behalf of a patient / client, please can you state why he/she is unable to make the complaint him /herself?

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**DETAILS OF THE COMPLAINTS DEPARTMENT**

**COMPLAINTS DEPARTMENT  
TRUST HEADQUARTERS  
MDEC BUILDING  
ALTNAGELVIN HOSPITAL  
GLENSHANE ROAD  
LONDONDERRY  
BT47 6SB**

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