

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: The Consent Form needs to be completed and signed by the Patient / Client concerned to enable complaint to be processed.

Please can you detail why the patient/client is unable to make a complaint themselves?

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 details

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

DETAILS OF COMPLAINT

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

Try to include as much detail as you can detailing what service it relates to and any named staff.

Documents may be uploaded here, please be mindful of size limitations on items for upload. Please upload only specific items as necessary if you feel these will support your comments.

Please Select Service Location relating to Complaint

Drop down options:

- Altnagelvin Hospital
- South West Area Hospital
- Omagh Hospital and Primary Care Complex
- Other _____ (free text)

Desired Complaint Outcome

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

Under the terms of the Equality Act 2010, a disability is defined as a 'physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities. We welcome complaints from people with disabilities.

We want to communicate with you in a way that meets your needs.

Do you consider yourself to have a disability?

Do you have any communication or support needs? E.g. documentation provided in easy read, large print, and braille or via email?

Drop down options:

- Yes
- No
- Prefer not to say

If yes, please provide details.

DETAILS OF THE COMPLAINTS DEPARTMENT

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

Contact Email address: complaints.department@westerntrust.hscni.net

Complaints Department Direct Line: 02871 611226

Main Hospital Number: 02871 345171