

## **OKEHAMPTON MEDICAL CENTRE**

### **PATIENT COMPLAINT FORM**

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know.

#### **HOW TO COMPLAIN**

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). Alternatively, both written & verbal requests to discuss complaints can be made via 'klinik,' which can be accessed via our website [www.okehamptonmedicalcentre.co.uk](http://www.okehamptonmedicalcentre.co.uk) We will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible. If you would like support with your complaint please contact The Devon Advocacy Consortium Tel: 0845 231 1900 [devonadvocacy@livingoptions.org](mailto:devonadvocacy@livingoptions.org)

#### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

#### **WHAT WE WILL DO**

We look to settle complaints as soon as possible. Due to pressures on primary care, we cannot guarantee a specific timescale in which this will happen. It also depends on the complexity of the complaint and who is involved.

We will acknowledge receipt within 3 working days. Following a full investigation of the circumstances, you may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue.

When looking into a complaint we will investigate the circumstances, make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

In order to understand if there is something we can learn from your complaint, we may discuss it at a practice "significant event meeting", in which case we will write to you following that meeting.

Where your complaint involves more than one organisation (e.g. social services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of any practice investigations into your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

#### **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman  
City Gate, 51 Mosley Street, Manchester, M2 3HQ  
Tel 0345 015 4033 [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**OKEHAMPTON MEDICAL CENTRE**

**COMPLAINT FORM**

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

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(Continue overleaf if necessary)

SIGNED.....

Print name.....

Date .....

**OKEHAMPTON MEDICAL CENTRE**

**COMPLAINT FORM**

Continued :

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**OKEHAMPTON MEDICAL CENTRE**

**PATIENT THIRD-PARTY CONSENT FORM**

Patient's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

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

**Applicant Details:**

Enquirer/Complainant Name: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.**

I fully consent to Okehampton Medical Centre releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: ..... (Patient only)

Name: .....

Date: .....

	<b>Type of Applicant</b>	<b>Type of Documentation</b>
<b>A</b>	Someone applying on behalf of an individual (Representative)	<ul style="list-style-type: none"><li>• 1 item showing proof of the patient's identity; <i>and</i></li><li>• 1 item showing proof of the patient's address; <i>and</i></li><li>• 1 item showing proof of the representative's identity; <i>and</i></li><li>• 1 item showing proof of the representative's address</li></ul>

# OKEHAMPTON MEDICAL CENTRE

## COMPLAINT – DECEASED PATIENT

### Deceased Details

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

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

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

\_\_\_\_\_

Date of Death: \_\_\_\_\_

### Complainant Details

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

Telephone Number : \_\_\_\_\_

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

\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

### Declaration by Applicant

I am the deceased patient's appointed personal representative and attach a copy of confirmation of my appointment (tick the relevant box below):

- Grant of Probate
- Letter of Administration
- Certified Copy of the Last Will & Testament

(should you fail to provide one or more of the above requested documents, your application will be returned to you. We cannot accept Lasting Power of Attorney as proof of Personal Representative.)

**I have / may have a claim arising from the patient's death and have provided written details below**

## Details of complaint

If you are the executor/administrator of the deceased, you will need to provide documentary evidence of this as stated above together with the following proof of identification:

- One form of photo personal ID (current passport / driving licence)
- One proof of current home address (recent utility bill dated in the last six months. Note: mobile telephone bills not accepted)

## Proof of Identity

### Evidence

Original documents which provide evidence of the patient's and/or the patient's representative's identity will be required.

	Type of Applicant	Type of Documentation
<b>A</b>	Someone applying on behalf of an individual (Representative)	<ul style="list-style-type: none"> <li>• 1 item showing proof of the patient's identity; <i>and</i></li> <li>• 1 item showing proof of the patient's address; <i>and</i></li> <li>• 1 item showing proof of the representative's identity; <i>and</i></li> <li>• 1 item showing proof of the representative's address</li> </ul>
<b>B</b>	Person with parental responsibility applying on behalf of a child (parent/guardian)	<ul style="list-style-type: none"> <li>• 1 item showing proof of the child's identity; <i>and</i></li> <li>• 1 item showing proof of the child's address; <i>and</i></li> <li>• 1 item showing proof of the parent's identity; <i>and</i></li> <li>• 1 item showing proof of the parent's address; <i>and</i></li> <li>• 1 item showing proof of parental responsibility e.g. –</li> </ul> <ul style="list-style-type: none"> <li>📄 Full birth certificate, naming the parent; <i>or</i></li> <li>📄 Adoption certificate including parent's name; <i>or</i></li> <li>📄 Health Visitor Record (the red book) including the parent's name, if the child is not yet of school age; <i>or</i></li> <li>📄 Court order or other legal document confirming parental responsibility</li> </ul>
<b>C</b>	Appointed Personal Representative / applying on behalf of deceased	<ul style="list-style-type: none"> <li>• Grant of probate <i>or</i></li> <li>• Letter of administration <i>or</i></li> <li>• Certified Copy of the Last Will &amp; Testament</li> </ul>