

Concern and Complaint Form

Please note all sections with an * must be completed

Section 1: Patient Details

*First name						
*Surname						
*Address						
*Post Code						
*Telephone nur	nber					
*Email (check v	vhat yo	u write is correct)				
*Date of birth						
NHS or Hospital Number (if known)						
*Which hospital does this relate to?			_			
Which ward or department does this relate to?						

Section 2: Representation (Optional)

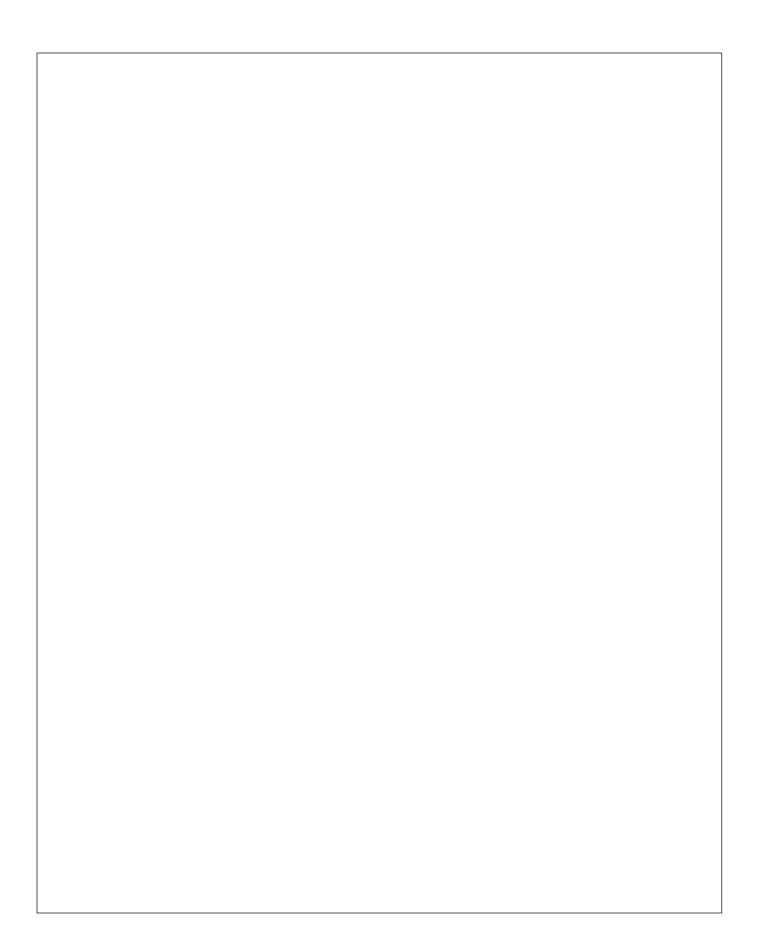
Complete this section only if you are raising a concern or complaint on behalf of someone else.

*What is your repatient?	elationship to the	
•		
*First name		
*Surname		
Address		
Post Code		
*Telephone nun	nber	
*Email (check what you write is correct)		

*Why can't they raise the concern or make the complaint themselves?	The person is a child
	The person is not well enough
	The person does not have the ability to do it themselves
	The person would prefer me to do it for them
	The person has died
	Other reason
*If selected other above, please provide additional details here:	
* How would you prefer to be contacted	1?

Section 3: Complaint Details

* Tell us about your concern/complaint relating to you or the person you are representing. happened, when, where and who was involved?	What



	u like to happen? W g ed under the NH		-	ase note compensa uld seek legal advic
Click or tap here to e	enter text.			
How have you, or	the patient, been a	iffected by what h	nappened? Pleas	se provide the details
Click or tap here to e	nter text.			

Click or tap here to enter text.

Section 4: Equality and Diversity Information

This form helps us understand the diversity of our patients and ensures we meet our commitments under the Equality Act 2010. Completion of Section 4 is voluntary, and all responses are confidential.

Toopenees are communities.		
Age		
Disability	YES / NO	
Gender		
Gender Reassignment		
Sexual Orientation		
Marital Status / Civil Partnership		
Pregnancy and Maternity		
Religion or Belief		
Ethnicity		

Thank you for completing this form.

Please return form by email to PALS@lthtr.nhs.uk or by post to:

Royal Preston Hospital

Sharoe Green Lane

Fulwood

Preston

PR2 9HT