

Concern and Complaint Form

Please note all sections with an * must be completed

Section 1: Patient Details

*First name			
*Surname			
*Address			
*Post Code			
*Telephone number			
*Email (check what you 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 relationship to the patient?			
*First name			
*Surname			
Address			
Post Code			
*Telephone number			
*Email (check what you write is correct)			

*Why can't they raise the concern or make the complaint themselves?	<ul style="list-style-type: none"> The person is a child 	
	<ul style="list-style-type: none"> The person is not well enough 	
	<ul style="list-style-type: none"> The person does not have the ability to do it themselves 	
	<ul style="list-style-type: none"> The person would prefer me to do it for them 	
	<ul style="list-style-type: none"> The person has died 	
	<ul style="list-style-type: none"> Other reason 	
*If selected other above, please provide additional details here:		
* How would you prefer to be contacted?		

Section 3: Complaint Details

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

*List the key questions you want to be answered. We will respond under the headings you give us, and this will help to provide answers to your complaint response.

Click or tap here to enter text.

What would you like to happen? What outcome would you like? *Please note compensation cannot be arranged under the NHS Complaints process, you should seek legal advice in this matter

Click or tap here to enter text.

How have you, or the patient, been affected by what happened? Please provide the details

Click or tap here to enter text.

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, please describe

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.

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