**Concerns and Complaints Form**

If you wish to raise a concern or complaint about one of City Health Care Partnership’s services, please complete this form with the details requested. If you require help or support completing this form, you can contact the Customer Care Team on 01482 347627 or email: CHCP.customercare@nhs.net

Please complete this section with the details of the person that was affected by the incident or event.

|  |
| --- |
| **Date form completed:** |
| **Name of patient:** |
| **Address and postcode:** |
| **Date of Birth:** |
| **Ethnicity:** |
| **NHS Number (if known):** |
| **Telephone number:** |
| **Email address:**  |
| **Preferred method of contact:** | **Location of the incident/event:** |
| **Date and time of incident/event:** | **Service or department connected to the incident/event:** |
| **Please provide details of the concern or complaint you wish to raise with CHCP:** |
| **Key areas you would like us to investigate:** |
| **How could we resolve this for you?** |

If you are raising a concern/complaint of behalf of someone else, please fully complete the below section with your details.

We will require written consent from the patient to release information, this is to protect our patient’s confidentiality and to follow Data Protection legislation. An Acknowledgement letter and consent form will be sent to the address provided to be signed and returned to the Customer Care Team.

|  |
| --- |
| **Name of person raising the concern/complaint:** |
| **Address and postcode:** |
| **Ethnicity:** |
| **Telephone number:** |
| **Email address (if applicable):**  |
| **Preferred method of contact:** |
| **Relationship to patient:** |

Thank you for completing this form. Please return by email to: CHCP.customercare@nhs.net or post to: City Health Care Partnership, Customer Care Team, 5 Beacon Way, Hull, HU3 4AE