

# Complaint form:

This form is for making a complaint about the service received from or at the Harefield Practice.

# Before we can help you with your complaint

#### You will need to:

- tell us when the problem happened, and the date you complained. We may not be able to help you if your complaint is over 12 months old.
- Raised this with the reception manager first.
- provide us with your contact information including an email address if you have one.

#### Please also be aware that:

- we may not be able to help you if you are taking legal action.
- we scan all documents when we receive them and destroy the paper copies, so please do not send originals as they will not be returned unless specifically requested.
- please do not send us documents with staples, in folders or in plastic wallets. This will help us process your complaint more quickly.

Please answer all questions fully and avoid using 'see attached' as a comment. We will use this form to do our initial checks and if you do not give enough information, we may not be able to consider your complaint.

If you have been	given a	a refei	ence	numbe	r by us	, please	ente	er it here:
Section 1: Abo	ut you	J						
Please fill in your	detail	ls ever	ı if yo	u are c	omplai	ning on	behal	lf of someone else.
Title								
First name								
Surname								
Address line 1								
Address line 2								
County						Count	try	
Postcode								
Daytime phone number								
Alternative number (optional)								
Email address								
			•					

Are you complaining on behalf of someone else? If yes, please fill in this section below. If no, please go to section 2.

About the person affected by the issues in the complaint:

Their title								
Their first name								
Their surname								
Address line 1								
Address line 2								
County						Count	try	
Postcode								
Their daytime phone	number	r						
Alternative number (	optiona	l)						
Their email address								
If you are complaining for someone who cannot complain for themselves, for example they do not have capacity or have died, we must consider if you are the right person to make a complaint. Please fill in the section below.  If you are helping someone to complain (we call this acting as a representative), we would normally need their consent for this. You do not need to complete this section.								
What is your relationship to them?  Why are they unable to make the complaint themselves?								

#### Legal action

Generally, we cannot investigate a complaint if it is or was reasonable for you to take legal action about it. This could include going to court or to a tribunal. We will look at whether legal action would be able to fully answer your complaint or give you what you want.

Whether it is reasonable to expect you to take or have taken legal action also depends on the nature of your complaint and what you want to achieve. For example, if you want a financial remedy, it may be best to look into legal action. However, if we can see that there are parts of the complaint that would not be resolved through legal action, we could look into them. For example, we could consider investigating aspects of a complaint where you would like an apology, an explanation of what went wrong or an action plan for improvement

If you have already been to court, a tribunal or are thinking about taking legal action, please tell us about it here as it may affect whether we can investigate your complaint.

Have you taken, or are you planning to take, legal action about your complaint?								
Yes	□ No							
If yes, please give	If yes, please give us details of any legal action you have taken or are planning.							

## When did it happen?

The law says that you should complain to us within a year of becoming aware of the problem. Sometimes, depending on the circumstances, we can decide to still consider a complaint outside of this if we have good reasons to do so.

When did the problem you want to complain about happen? (If you cannot remember the exact date, you can give us an estimate.)	
Date	
dd/mm/yyyy	
When did you become aware of the problem?	
Date	
dd/mm/yyyy	
When did you complain to the practice?	
Date	
dd/mm/yyyy	
If you have not been able to complain to us within a year of becoming aware of the problem, please tell us why you did not complain sooner.	
Please explain the reason for any delay:	
Are you complaining about a particular person? Please give their name if you know it.	

Please summarise your complaint Tell us what you are complaining about. For example. What went wrong? When did things go wrong? What did the practice do wrong? and who was involved?							
Please avoid using 'see attached' as a comment or leaving the section blank. Please answer all questions fully.							

Please tell us how you or the person you represent have been affected by what went wrong.  Please describe what impact this had on you and how long the impact lasted.
If we can take on your complaint, what are the outcome(s) are you looking for us to achieve?
Please use this space to explain what you need to be resolved and what is important to happen as a result of your complaint. If you want the organisation to pay you compensation, what amount are you hoping to achieve?
If we do not think that we can achieve what you want, we will tell you.

- I would like the harefield practice to look at my complaint.
- I agree to share all the relevant evidence so that you can investigate this complaint.
- to the best of my knowledge, everything I have told you is correct.
- I understand that, to help resolve my complaint, you will need to use and keep personal information about me. For example, how to contact me and details about my complaint and sometimes sensitive personal information.
- I understand that this might include collecting information about me from the organisation I have complained about and possibly sharing information with others. For example, others that may have been involved in my complaint.

Signature		
Date		

If you are acting as a representative, we would normally need the person affected consent. They must sign below if they are able to do so.

I agree that my representative can complain for me and that you can obtain the information needed to investigate my complaint.

I understand that this may mean that my representative will be able to see personal information you obtain for the investigation.

Signature			
Date			

Please post your form and the documents requested to:

Complaints department Harefield Health Centre Rickmansworth Road Harefield Middlesex UB9 6JY

## Your other rights

We process any personal data collected in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018.

# What to do if you are unhappy with how we have handled your personal information

If you wish to comment or make a complaint about how we are processing your data, then please contact the Data Protection Officer

#### Unreasonable behaviour policy

We do not expect our staff to tolerate any form of behaviour that could be considered defamation, abusive, offensive, or threatening or as defined by the Equality Act 2010, harassment, or discrimination. Or that contact becomes so frequent it makes it more difficult for us to complete our work or help other people. We will take action under this policy to manage this type of behaviour, and this applies to all contact with us including the use of social media.