

Complaints Submission Form

We value your feedback and are committed to addressing your concerns thoroughly. Please provide as much detail as possible to help us understand your experience and how we can resolve your concerns.

Communication preferences – first stage

As part of the complaint process, we may wish to contact you.

What are your contact preferences? **Phone/ Email/ Letter** (delete as applicable)

Best time to contact you if by phone:

We will then ask you how you want us to share the findings of our investigation later on in this form.

Patient details

Patient full name:		Title:	
Preferred name:		Date of Birth:	
NHS number:		Date of death (if applicable):	
Email address:		Postal address:	
Phone number:			
Adjustments required:			

Is the patient a member of the armed forces or veteran? (Yes/No)

Complainant details (if different to patient)

Full name:		Title:	
Preferred name:		Do you have consent to raise this complaint?	Yes / No (Consent will need to be given)
Relationship to patient:		Postal address:	
Email address:			
Phone number:			
Adjustments required:			
Preferred contact method:			

Details of Your Concern

Department/Ward/Service involved:	
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Staff member(s) involved:	
Date(s) of incident(s):	
What date did you first become aware of your concerns?	

Description of concerns

Please include as much detail as possible about your concern, including key dates, events, and individuals involved.

Questions You Would Like Addressed

Please outline specific questions you would like us to address as part of the investigation:	
1	
2	
3	
4	
5	

Outcomes or Resolutions You Are Seeking

What would you like to see happen as a result of raising this complaint? (e.g., an explanation, an apology, changes to procedures or other resolutions)	
1	

2	
3	
4	
5	

Communication preferences – second stage

Once we have investigated your complaint, please let us know how you would like to receive the outcome:

Meeting	YES/ NO
Letter	YES/ NO
Phone call	YES/ NO

Thank You

Thank you for taking the time to share your concerns with us. We are committed to resolving them in a compassionate, thorough, and timely manner. Once we receive your submission, our aim is to acknowledge your complaint within three working days.

If you have any questions or need assistance completing this form, please contact our Feedback and Engagement Team at **tsdft.feedback@nhs.net** or call us on **01803 655838**.