

## **COMPLAINTS**

### **PATIENT INFORMATION LEAFLET**

We always try to give you the best services possible, but there may be times when you feel this has not happened. This leaflet explains what to do if you have a complaint about the services that we provide for you. If you make a complaint about our services, we will ensure your care is not affected.

We hope you will use this procedure to allow us to look into and, if necessary, put right any problems you have identified or mistakes that have been made. However, we are not able to deal with questions of legal liability or compensation.

If you use this procedure it will not affect your right to complain to the Customer Contact Centre, NHS England if you so wish. The appropriate contact address is printed at the foot of this leaflet. Please note that we have to respect our duty of confidentiality to patients and a patient's consent will be necessary if a complaint is not made by that patient in person.

If you wish to make a verbal complaint, please tell somebody at the Reception Desk. It may be something we can explain or put right immediately.

If you would like to complain more formally, please write to our Practice Manager. He will take full details of your complaint and decide how best to undertake the investigation.

If you prefer, you can complain to the Customer Contact Centre, NHS England or if the complaint relates to Ipswich Hospital contact The Patient Advice & Liaison Service (PALS):

Customer Contact Centre  
NHS England  
P O Box 16738  
Redditch  
B97 9PT

Patient Advice & Liaison Service,  
Ipswich Hospital  
Heath Road  
Ipswich  
Suffolk

Tel: 0300 311 22 33

Tel: 0800 328 7624

We think it is important to deal with complaints swiftly so you be contacted within 3 working days and be told how we are going to deal with your complaint and when you can expect a formal response. You may be offered an appointment for a meeting to discuss matters. Occasionally, if we have to make a lot of enquiries, it might take a little longer, but we will keep you informed. You may bring a friend or relative with you to the meeting.

We will try to address your concerns fully, provide you with an explanation and discuss any action that may be needed. We hope that, at the end of the meeting, you will feel satisfied that we have dealt with the matter thoroughly. However, if this is not possible and you wish to continue with your complaint, we will direct you to the appropriate authorities that will be able to help you. If you are not satisfied with our response, you may also complain to the Parliamentary Health Service Ombudsman.

**RAVENSWOOD MEDICAL PRACTICE**

**PATIENT COMPLAINT FORM**

Date:..... Time: ..... Received by: .....

Complainants Surname: ..... First Name .....

Address: ..... Tel: .....

**FULL NAME OF PATIENT (if not complainant)**

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Address .....

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**Details of Complaint**

Date the Incident occurred: .....

Details:

**CONSENT FORM**

To: Practice Manager  
Ravenswood Medical Practice,  
Ravenswood Health Centre,  
24 Hening Avenue, Ipswich.  
IP3 9QJ

I ..... hereby authorise the complaint  
made on my behalf by ..... and I agree  
that the practice may disclose information to  
..... in so far as it is necessary to  
answer the complaint.

Signature of Patient .....

Name of Patient .....

Address .....

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