**Independent Health Complaints**

**Advocacy Service**

**Initial information form**

**Please complete and return to:**

The Advocacy People, PO Box 375, Hastings, TN34 9HU

**Email:** [info@theadvocacypeople.org.uk](mailto:info@theadvocacypeople.org.uk)

***If you have any questions or would like assistance in completing the form, please call our Contact Centre on 0330 440 9000***

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| Your name:    Are you complaining on behalf of someone else?  Yes  No  If yes, please give their name:    Your relationship to them:    Is this person happy for you to contact us on their behalf?  Yes  No  Not Applicable  Name of the GP:  GP Address:    NHS service you wish to complain about:    Where is this service located? |
| Your address:    Postcode:    Your home telephone number:  Your mobile phone number:  Your email address:    What is the best way to contact you? |
| Please tell us something about the issue or incident you are complaining about. It would be helpful to know when and where the incident happened and the name/s of those involved. |
| How did this affect you/the person whom you are making the complaint on behalf of? |
| Have you raised this complaint elsewhere already?  Yes  No  If yes, with whom and what was the response? |
| Do you have any relevant paperwork regarding your complaint? Yes  No  If yes, please state which documents and enclose any copies which you think may help us to support you. |
| What do you wish to achieve by making this complaint?  Select all that apply  Answers to specific questions  An apology  Changes to services  An explanation  Action to put things right  Other – please state |
| We would like to know how you feel at the moment about raising your concerns with the NHS.  Once your complaint has reached an end, we hope we can ask the same questions to measure the effectiveness of our work and to find out how useful you have found our advocacy services.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **When dealing with the NHS, I feel.…** | **1**  **Never** | **2**  **Rarely** | **3**  **Sometimes** | **4**  **Mostly/Always** | | Listened to |  |  |  |  | | Treated with respect |  |  |  |  | | Informed |  |  |  |  | | In control  of decisions |  |  |  |  | | Confident to speak up |  |  |  |  | |