We want it to be easy for patients or relatives to make a concern or complaint and so if you have any questions or require assistance completing this form, please telephone our Patient Experience Team on 01342 414000 extension 4788.

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| **Patient Details** | **Your Details (If You Are Not The Patient)** |
| Title:  | Title:  |
| First Name:  | First Name: |
| Surname:  | Surname: |
| Address:  | Address: |
| Postcode: | Postcode: |
| Telephone Number: | Telephone Number: |
| Email Address: | Email Address: |
| Date of Birth: | Relationship To Patient: |

If you are not the patient, we will need evidence that you have the authority to receive details of confidential patient care and treatment in order to answer your complaint.

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| When did the source of your concern or complaint occur? | Date(s): |
| Where did your concern or complaint occur? |  |
| Which department/specialty did your concern or complaint occur in? | Department(s): |

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| Please give us a summary of your concern or complaint below; it will help us if you can be as specific as you can. |
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| Thinking about the concern or complaint you have made, what are the specific questions you would like us to investigate and respond to you on? |
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| Once you have completed this form, you can email it to us as an attachment to: qvh.pals@nhs.net or post it to:The Chief ExecutiveQueen Victoria Hospital NHS Foundation TrustHoltye RoadEast GrinsteadWest Sussex RH19 3DZ |