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.

|  |  |
| --- | --- |
|  | |
| **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.

|  |  |
| --- | --- |
| 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): |

|  |
| --- |
| Please give us a summary of your concern or complaint below; it will help us if you can be as specific as you can. |
|  |
| 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? |
|  |
| Once you have completed this form, you can email it to us as an attachment to:  [qvh.pals@nhs.net](mailto:qvh.pals@nhs.net)  or post it to:  The Chief Executive  Queen Victoria Hospital NHS Foundation Trust  Holtye Road  East Grinstead  West Sussex  RH19 3DZ |