

## Complaint form

We aim to provide patients with the best care we can but will sometimes fall short of the mark. If you have any comments, concerns or complaints about our service, we want to hear about it.

**Please do not use the complaints process to ask for medical assistance.** Complaints are not checked on a daily basis, and the investigation and response may take months. Please ask for medical assistance via our online contact system (available at [www.staustellhealthcare.co.uk](http://www.staustellhealthcare.co.uk)) or by telephone on 01726 75555.

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned, and this may be the approach you try first. Where you wish to make a formal complaint you should do so, preferably in writing, as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event this should be within 12 months of the incident, or within 12 months of you discovering the matter which is the subject of the complaint.

Send your completed complaint form to our Complaints Manager at:  
St Austell Healthcare, 1 Wheal Northey, St Austell, Cornwall, PL25 3EF  
Email: [staustellhc.complaints.sahc@nhs.net](mailto:staustellhc.complaints.sahc@nhs.net)

If you do not wish to complain to us directly you can make a complaint to the commissioners:

NHS Cornwall and Isles of Scilly Integrated Care Board (ICB)

Email: [ciosicb.complaints@nhs.net](mailto:ciosicb.complaints@nhs.net)

Phone: 01726 627975

Post: NHS Cornwall and Isles of Scilly, Part 2S, Chy Trevail, Beacon Technology Park, Dunmere Road, Bodmin. PL31 2FR.

We aim to acknowledge receipt of all complaints within 3 working days, and aim to have it fully investigated within the following timescales:

Straightforward / single issue complaint – within 3 months

Complex / multiple issue complaint – within 6 months.

You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this, we will let you know, and keep you informed as the investigation progresses. If you submit a complaint form via email, you will receive an automated acknowledgement of receipt. If you do not receive this, please check your spam folder.

If you are not happy with the outcome of your complaint, you have the right to approach the Parliamentary Health Service Ombudsman. The Ombudsman is independent of government and the NHS. The service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although they can be waived if there is a good reason to do so.

The Parliamentary and Health Service Ombudsman, Millbank Tower, 30 Millbank, London, SW1P 4QP. Tel: 0345 0154033. Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)  
Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**Complaint form**

Patient full name: .....

Date of birth: .....

Address: .....

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Complaint details: (Include dates, times, and names of practice personnel, if known)

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Signed.....Print name.....

Date.....

**Third-party consent**

Patient full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Complainant name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**If you are complaining on behalf of someone else, the consent of the patient will be required. The below consent will need to be witnessed by a staff member, with photo ID shown.**

I fully consent to my doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: ..... (patient only)

Date: .....

**To be completed by SAHC staff member:-**

Name of patient's photo ID documentation seen \_\_\_\_\_

Date seen \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Staff member's name \_\_\_\_\_