



Making a Complaint Form

Section A: Your Details

Title:

Name:

DOB:

Address:

Contact Details

Telephone:

Mobile:

Are you the Patient?

Section B: a concern on behalf of someone else

Title:

Name:

DOB:

Address:

Section C: Details about the concern

If you are raising this concern on behalf of someone else, what is your relationship to the patient?:

Date event/incident occurred:

Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so:

Summary of your concerns/key issues

In your opinion, what went wrong?:

Specific questions you would like answered:

Details of what you would like to happen as a result of your complaint.

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What is your preferred Contact Options: email , telephone, letter, Virtual
(Please tick which is your preferred choice)

Please indicate your language of choice: English* / Welsh*
(* Please delete what does not apply)

To be completed where the person raising the concern is not the patient.

I hereby authorise

Name of person raising the concern:	
Address:	

to act on my behalf and to receive any and all information that may be relevant to the concern.

I hereby agree that the health records and any personal information can be used in the investigation of the concern. I understand that access to records and personal information will

be limited only to those who need to see them in order to investigate the issues raised and, only those sections of the health records relevant to the investigation will be used.

Signature of patient:	
Date:	

Please return to:

Advocacy Service
South Glamorgan Community Health Council
C/O Pro Copy Business Centre
Parc Ty Glas
Llanishen
Cardiff
CF14 5DU

email SouthGlam.advocacy@waleschc.org.uk