

 <h2 style="margin: 0;">Complaint Record Form</h2>	
<p>Use this form to record complaints and to keep track of other associated documents. Keep all documents relating to this complaint together in one file.</p>	
Date Complaint Received	
Patient's name	
Patient's address	
Complainant	
Complainant's name	
Complainant's address	
Complainant's relationship with patient	
Contact telephone number	
Member of staff receiving the complaint	
Name of complaints manager (or deputy) taking responsibility for handling this complaint	
<p>Details of the complaint – if the complaint is made orally, make a written record of it below. If the complaint is written, keep a copy in the complaint file with this record.</p>	
Members of staff/locums possibly involved in the incident complained about	
Date of acknowledgement	

Date of discussion with complainant to discuss handling of the complaint and agreed response period		
Agreed Response Period		
Investigation		
List of people from whom written comments/statements have been obtained		
Date	Persons present	Outcome
Summary of findings of investigation		
Recommendations		
Has it been appropriate to seek guidance from professional indemnity insurers? Yes No		
If yes, include a copy of the advice in the file		
Action taken in response to investigation findings		
Action taken	By Whom	Date

Date written response sent to complainant		
If the investigation into the complaint was not concluded within the agreed response period – record the reason here.		
Closure of complaint authorised by		
Lessons Learnt		
Signature of Complaint Manager		