# Record of Complaint

1. **Complaint received**

|  |  |
| --- | --- |
| **(a) Date complaint received:** |  |
| **(b) Complaint received by** |  |
| **(c) How was the complaint received:** (e.g. in writing, by telephone) |  |

1. **Person making the complaint**

|  |  |
| --- | --- |
| **(a) Name:** |  |
| **(b) Address** |  |
| **(c) Telephone** |  |
| **(d) Email address** |  |

Is the person making the complaint the patient: Y complete parts c-e Section 3

 N complete all of Section 3

1. **Patient**

|  |  |
| --- | --- |
| **(a) Name** |  |
| **(b) Address** |  |
| **(c) Telephone** |  |
| **(d) Email address** |  |
| **(c) Date of birth** |  |
| **(d) Usual Practitioner** |  |
| **(e) CHI number** (if relevant) |  |

If the patient has someone acting on their behalf, ensure the patient has given their consent for this.

Apply the complaints policy to anonymous complaints and record as far as possible.

**STAGE 1 EARLY RESOLUTION**

If a person has raised an issue but does not want to complain, record this as being resolved at Stage 1.

1. **Event details**

|  |
| --- |
| 1. **Date of occurrence of the event being complained about**:
2. **Details:**
 |

Was the complaint settled on the spot? Y

 N

If NO:

Ensure the person making the complaint is:

1. responded to within 5 working days (see Section 6);
2. has been given a copy of the practice’s complaints procedure for patients;
3. aware of where they can get support for making a complaint.
4. **Action and Improvement**

|  |
| --- |
| What action was/will be taken to resolve the complaint?Include any improvement identified to avoid future occurrences of the complaint |
| 1. **Action:**
2. **Improvement**:
 |

1. **Response date**

|  |  |
| --- | --- |
| Date the response was given/sent to the person making the complaint |  |

1. **Closed date**

|  |  |
| --- | --- |
| Date the complaint is considered closed  |  |

**OR**

1. **Escalated date**

|  |  |
| --- | --- |
| Date the complaint was escalated to Stage 2 |  |

**STAGE 2 INVESTIGATION**

1. **Event details (if not already recorded at Stage 1)**

|  |
| --- |
| 1. **Date of occurrence of the event being complained about**:
2. **Details:**
 |

1. **Acknowledgement**

|  |  |
| --- | --- |
| Date acknowledgement sent (must be within 3 working days of receipt of the initial complaint or decision to investigate) |  |

As part of the acknowledgement ensure the person making the complaint:

1. has been informed they will receive a response within 20 working days;
2. has a copy of the of the practice’s complaints procedure for patients;
3. knows where they can get support for making a complaint.
4. **Action and Improvement**

|  |
| --- |
| What action was/will be taken to resolve the complaint? Include any improvement identified to avoid future occurrences of the complaint |
| 1. **Action:**
2. **Improvement**:
 |

1. **Response date**

|  |  |
| --- | --- |
| Date response sent(must be in writing, as well as the preferred method of communication, if different) |  |

1. **Closed date**

|  |  |
| --- | --- |
| Date the complaint is considered closed  |  |

**OR**

1. **Scottish Public Service Ombudsman (SPSO)**

|  |  |
| --- | --- |
| Date the person making the complaint indicated he/she will be taking the complaint to the SPSO.  |  |

1. **Other information**

|  |
| --- |
|  |

1. **Correspondence**

|  |
| --- |
| Record a short description of the correspondence and date received. Number the correspondence accordingly. Keep all correspondence with this form) |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |