**Complaint Form**

If you require any assistance completing this form, please contact the Complaints Team by email at: uhsussex.patient.experience@nhs.net

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| Name of Complainant: | Name of Patient (If Not The Complainant): |
| Complainants Address: | Patient’s Address: |
| Patient’s Hospital Number (If Known): | Patient’s Date of Birth: |
| How would you prefer for us to contact you (please tick one)? please beware we cannot guarantee the security of emails. |
| By telephone  |  | Telephone number(s) |
| By email |  | Email Address: |
| In writing |  | Correspondence address: |
| The Trust often also ring complainants please can you confirm you are happy for us to do this. | Yes | No |
| Please note if you are making the complaint on behalf of someone else the Trust will need their permission to correspond/liaise with you. This is to ensure we meet our legal obligation to protect patient confidentiality. Please see webpage for consent form. Alternatively, if the patient does not have capacity we will need a copy of the Lasting Power of Attorney for Health and Welfare. If the patient is now deceased we will need confirmation you are their next of kin or permission with proof from the executor of the estate.  |
| Once you have completed this form, you can send it to us at one of the following: |
| By Email:uhsussex.patient.experience@nhs.net  | By Post:The Chief ExecutiveUniversity Hospitals Sussex NHS Foundation TrustWorthing HospitalLyndhurst RoadWorthingWest SussexBN11 2DH |
| Please give us the date(s) of the incident(s)/event(s) that is/are the source of your complaint: |
| Where did the incident(s)/event(s) that is/are the source of your complaint take place? |
| Please provide an account of the incident/event that is the source of your complaint; remember to include names of staff, places where things happened etc. |
| What are the questions/concerns you would like us to answer/investigate? |
| What outcome are you looking for as a result of making this complaint? |