

INFORMATION GATHERING FORM FOR COMPLAINT MANAGEMENT

Name of Patient **Date of Birth**.....

If you are contacting us on behalf of a patient, please tell us your name and relationship to the patient:

Contact telephone number:.....

Email address:.....

1. Please tell us which department in the practice was involved in your complaint?

Please circle as appropriate:

- Reception
- Administration
- Prescribing
- Nursing team
- Doctors
- Other

2. Please describe the issues that led to this complaint. This will help us to understand the key problems you have experienced:

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3. Has this problem occurred previously? If so when?

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4. Please could you identify where the issue has arisen? For example, do you feel it was as a result of conflicting messages/communication or a system issue?

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5. Are you looking for a specific outcome from this complaint? Common outcomes that allow us to use this complaint to improve our service include: training, improved communication, looking at different ways of working or by simply apologising where your experience has not been as you would have wished:

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6. We would like to review this complaint as part of our complaints procedure to ensure our systems going forward are as efficient as we can make them. Are you happy for us to review things going forward?

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Please return your completed form to:
Lisa Cooper, Operations Manager
Pembroke Medical Group, 266-268 Torquay Rd, Preston, Paignton TQ3 2EZ
Or by email to enquiries.pembrokehouse@nhs.net