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**Complaint Summary and Consent Form**

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| **Complaint Reference Number:** | ICB to complete |
| Please complete to provide the NHS North East and North Cumbria Integrated Care Board (ICB) with permission to access, share, and process personal data relating to your complaint.  The information submitted will be held by the ICB for the purpose of investigating and responding to your complaint and to comply with the ICB’s policies. This information may be held in both manual and electronic form in accordance with data protection law. With your consent, the information you provide may need to be shared with other organisations in order to investigate your complaint. Please note that we are unable to guarantee the security of information if sent from an unsecured email service. | |

# Section A - Details of your complaint

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| **What is the name and address of the organisation you are complaining about? (eg the ICB, an NHS Trust, a hospital, a general practice, dentist, pharmacist, optician)** | |
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| **Briefly tell us what your complaint is about, for example, what happened, when and who was involved.**  (If you have already provided this information separately eg by via email, you do not need to complete this section; instead, please reference your previous communication.)  Please continue using a separate sheet as required. | |
|  | |
| **Please let us know the questions that you would like to be answered in the response to your complaint.**  Please continue using a separate sheet as required. | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| **If you could achieve three things by making your complaint, what would these be?** | |
| 1 |  |
| 2 |  |
| 3 |  |

**Section B – About you**

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| --- | --- | --- | --- |
| **Title eg Mr, Mrs, Ms** |  | | |
| **First name(s)** |  | **Surname** |  |
| **Date of birth** |  | | |
| **Address and postcode** |  | | |
| **Telephone number(s)** | Mobile: Landline: | | |
| **Email address** |  | | |
| **GP surgery** |  | | |
| **How would you like to be contacted? (tick all that apply)** |  Telephone  Email  Post | | |
| **Is there anything we can do to make it easier for you to access our service?** |  | | |
| **Information about complaints is available in other languages and formats upon request** | | | |

**Section C - About the person you are making the complaint on behalf of (if this is not you)**

If you are complaining on behalf of someone else, we must consider if you are the right person to act on their behalf. We normally need their agreement for this.

If the individual the complaint relates to is deceased, please also complete **Section D.**

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| --- | --- | --- | --- | --- | --- |
| **Title eg Mr, Mrs, Ms** |  | | | | |
| **First name(s)** |  | | **Surname** | |  |
| **Date of birth** |  | | **Date of death**  **(if applicable)** | |  |
| **Address and postcode** |  | | | | |
| **Telephone number(s)** | Mobile: Landline: | | | | |
| **Email address** |  | | | | |
| **GP surgery** |  | | | | |
| **What is your relationship to this person?** | I am their:   Spouse/partner  Child  Advocate/solicitor   Parent/guardian  Carer  Other | | | | |
| **Why can’t they make the complaint?** |  |  The person is a child under  13 years of age   They aren’t well enough   The person is deceased –  please also complete Section D | |  They would prefer me to do it   They do not have the ability to do it themselves **\***   Other (please give details) | |

**\* If you are the patient's representative, you may be required to provide evidence of your authority to act with regard to the complaint** (eg Lasting Power of Attorney, Court of Protection Deputyship). Please provide a copy of relevant documents with your completed consent form.

**Section D – Where the person you are complaining on behalf of is deceased**

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| 1 | Are you the executor or personal representative for the deceased person's estate? |  Yes  No |
| 2 | **If yes**, you will need to provide evidence of your authority to receive a response to the complaint. Which of the following have you attached?  If none of these are in existence, we will need to receive something to prove that you are entitled to receive the complaint response, such as: birth certificate/marriage certificate/death certificate. |  Grant of Probate   Letters of Administration   Copy of the person's Last Will and  Testament (front page will suffice)  Please provide a copy of the relevant document(s) with your completed consent form. |
| 3 | **If no**, but you have consent provided by the personal representative (ie executor or administrator), please provide a signature of confirmation to that effect on this form or provide us with their contact details so that we may confirm this with them directly. |  |
| **Executor/personal representative's full name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Executor/personal representative's signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Tel no** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4 | Alternatively, if you have a claim arising from the person's death and wish to access information relevant to your claim, please provide below details of your grounds for doing so. | |
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**Section E - Consent**

I/we hereby consent to the disclosure of the details of this complaint and any clinical records or other relevant information between any NHS or other organisations and the NHS North East and North Cumbria Integrated Care Board (ICB) for the purpose of investigating and responding to this complaint. I/we acknowledge the response might contain personal information about me/the patient. I/we also consent to the sharing of information between internal services and departments within the ICB, including for internal audit purposes.

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| Signature of **patient** (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of **representative\*** (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send your completed form to the address below or electronically to [nencicb.complaints@nhs.net](mailto:nencicb.complaints@nhs.net)

FREEPOST, NENC ICB COMPLAINTS