NHS Complaints Advocacy referral form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complainant Details** | | | | | | | | |
| **Name** |  | | | | | | | |
| **Date of Birth** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Postcode** |  | | | | | | | |
| **Telephone Number:** |  | | | | | | | |
| **Other contact details:**  *i.e. email address* |  | | | | | | | |
| **Do you have a preferred time/day for us to contact you?** |  | | | | | | | |
| **Are you complaining on behalf of someone else?** | **Yes** | |  | | **No** | |  | |
| **Patients name** |  | | | | | | | |
| **Patient’s Relationship to Client** |  | | | | | | | |
| **Patient Date of Birth** |  | | | | | | | |
| **Do you have any specific communication needs?**  *(please tick🗸)* | **Yes** | |  | | **No** | |  | |
| **If Yes, please specify** |  | | | | | | | | |
| **NHS Care Provider complaint is about**  *(e.g: GP Surgery, Hospital, PCT)* |  | | | | | | | |
| **Name of NHS Staff involved in Complaint** |  | | | | | | | |
| **Brief Outline of Issue** | | | | | | | | | |
|  | | | | | | | | | |
| **When did the treatment/incident happen?** *(day/month/year)* | |  | | | | | | | |
| **Are there any meetings upcoming?** | | **Yes** | |  | | **No** | |  | |
| **If Yes, please specify dates** | |  | | | | | | | |
| **If you are a professional making a referral on behalf of someone else** *(e.g. Healthwatch / other support agency)****,* please provide your name, organisation and contact details** *(email & telephone).* | |  | | | | | | | |

**Please return this form by:**

Email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

Fax: 0300 456 2365 or

Post: POhWER, PO Box 14043, Birmingham, B6 9BL.

If you have any queries about completing this form please call us on **0300 456 2370**.

**Person’s Monitoring Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | |
| **Asian** | | **Black** | | **Mixed** | | **White** | |  | |
| British |  | British |  | British |  | British |  | Other |  |
| Bangladeshi |  | African |  | Asian/White |  | Irish |  | Declined |  |
| Chinese |  | Caribbean |  | Black African/White |  | Other |  | Unknown |  |
| Indian |  | Other |  | Black Caribbean/White |  |  |  | | |
| Pakistani |  |  | | Other |  |  |
| Other |  |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | **Sexual Orientation** | | **Religion** | | **Client Group**  *(please tick all relevant)* | |
| Female |  | Bisexual |  | Buddhist |  | Acquired brain injury |  |
| Male |  | Gay male |  | Christian |  | Autism |  |
| Intersex |  | Heterosexual |  | Hindu |  | Dementia |  |
| Transgender |  | Lesbian |  | Jewish |  | Child (under 18) |  |
| Declined |  | Declined |  | Muslim |  | Detained under MHA |  |
|  |  | Unknown |  | Sikh |  | Learning disability |  |
|  |  |  |  | Other |  | Profound and Multiple LD |  |
|  |  |  | | No Religion |  | Long term illness / condition |  |
|  |  |  | | Declined |  | Mental health |  |
|  |  |  | | Not Known |  | Multiple disability |  |
|  |  |  | |  |  | Physical disability |  |
|  |  |  | |  |  | Prisoner / Offender |  |
|  |  |  | |  |  | Sensory Impairment (Hearing) |  |
|  |  |  | |  |  | Sensory Impairment (Vision) |  |
|  |  |  | |  |  | Sensory impairment (Other) |  |
|  |  |  | |  |  | Substance misuse |  |
|  |  |  | |  |  | HM Forces |  |
|  |  |  | |  |  | Other *(Please state)* |  |
|  |  |  | |  |  |