NHS Complaints Advocacy referral form

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| **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

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**

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| **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)*  |  |
|  |  |  |  |  |