

Complaints Form



Complainant Details:

Title:		Forename:		Surname:	
Address:				Postcode:	
Contact Number:				Email Address:	
How would you like us to correspond with you?	By Mail	Yes / No	By Email	Yes / No	
Would you be happy for us to contact you to discuss your complaint	Yes / No				
If YES when would be best to contact you:					
Name of Patient (if different from above):					
Date of Birth of Patient:	/	/	(dd/mm/yyyy)		

If you are complaining on behalf of another person, please provide confirmation that they have agreed that you can act on their behalf.

Your Complaint:

Please provide full details, including:

- The service you are complaining about,
- When the event happened (approximate dates),
- Where the service was provided (hospital or clinic).

What do you feel NHS Highland can do to resolve your complaint?

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Signed:		Date:	
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In accordance with the General Data Protection Regulations (EU) 2016/679 we must advise you that your name and address will be added to a complaints database which has been set up for management of your complaint and statistical purposes. This information will not be disclosed by us without your permission to any other person and will not be used for any other purpose other than to progress your complaint unless we are required to do so by law.

If you wish any further information about our privacy policies please see the NHS Highland Website: <http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx>

Please return this form to: NHS Highland Feedback Team, PO Box 5713, Inverness IV1 9AQ

or email to: nhshighland.feedback@nhs.scot

Contact us on 01463 705997