

**Guidance Notes for Completion of the Web Based NHS Professionals'  
Complaints/Incident Feedback Form**

**NB. Please note that yellow fields on this form are mandatory and must be completed**

**Has an IR1 form been completed?** Please add the reference number if an IR1 form has been completed. Providing this information will enable NHS Professionals to investigate the complaint/ incident more efficiently.

**Details of Person Reporting Complaint/Incident**

Please select either NHS Professionals employee or other to complete your details.

If you select NHS Professionals you will then be asked to select your grade (admin clerical, bank only, contractor, corporate staff, multi post holder) and your status (corporate, non registered, registered) from drop down menus.

If you select other you will then be asked to select which category best describes your status (Trust Employee, NHSP Flexible Worker, NHSP Locum Doctor, NHSP Corporate Employee, Agency, Trade Union, Patient, MP) from a drop down menu.

You are then asked to enter your name and contact details. Please complete as much of this information as possible to enable NHS Professionals to contact you regarding the complaint/ incident.

If you enter a valid email address and tick the "email me" box you will receive a copy of the report in PDF form in your inbox.

**Details of Complaint/ Incident**

**Event Date:** Please click on the calendar at the right hand side of the date box and select the date when the complaint/incident happened – this will automatically populate the box

**Time:** Please enter the time that the complaint/incident happened (if known) using the 24h clock e.g. 0730, 1645 etc

**Event Site:** In the drop down menu please select the Trust or NHS Professionals site where the complaint/incident happened

**Event Location:** In the drop down menu please select the hospital or NHS Professionals office address where the complaint/incident happened

**Ward/Department:** Please type in the ward number or department name where the complaint/ incident happened

**Details:** Please type information relating to the complaint/ incident. You should give as much detail as possible regarding the complaint/ incident including any exclusions required. Providing this information will make enable NHS Professionals to investigate the complaint/ incident more efficiently.

**NB. Please do not include any information which may identify patients in this box**

### **Details of Person Involved in Complaint/ Incident**

**Was somebody else involved?** Please choose yes or no. If yes is selected the following boxes will appear.

**NHS Professionals or Agency:** You should select whether the person involved in the complaint/ incident is an NHS Professionals employee (i.e. flexible worker, member of corporate staff or NHS Professionals department) or an agency employee.

**Status of person:** In the drop down menu you should select the status of the person involved in the complaint/ incident (e.g. Registered Nurse, care support worker, NHS Professionals department etc).

**Name of Person:** Please type in the name of the person or department involved in the complaint/ incident. If "other/ non staff" has been selected from the drop down menu above you will also be asked for the person's address (if known) at this point.

### **Action Taken**

Please type in details of any action taken by yourself following the complaint/ incident e.g. if the flexible worker was spoken to or sent home, whether NHS Professionals or the agency were informed at the time of the complaint/ incident.

### **Security Code**

Please type the code you see in the left hand box into the right hand box

### **Submit or Reset**

If you wish to cancel the form and fill it in again please click on reset.

If you wish to send the form please click on submit. You will immediately receive an acknowledgement informing you that your form has been submitted and informing you of the reference number.

### **Any Problems?**

If you have questions regarding the completion of the form, the way forms are processed or similar issues please contact:

[WebFormComments@nhsprofessionals.nhs.uk](mailto:WebFormComments@nhsprofessionals.nhs.uk)

If you experience error messages when completing or submitting the form please contact:

[webmaster@nhsprofessionals.nhs.uk](mailto:webmaster@nhsprofessionals.nhs.uk)

using the subject line 'online complaints form' and include the error message you received/details of the error.