

**J.E.S. Quality Monitoring - Feedback Form Guidance Notes**

<b>Field Name</b>	<b>Options (pick from list)</b>	<b>Notes</b>
Origin of Complaint	Social Services	Please specify who is making the complaint/issue (pick from list).
	Health	
	Joint - SSD & Health	
	JES	
Locality	East Devon	For complaints / issues from Social Services teams, please specify which Locality you are from (pick from list).
	Exeter	
	Mid Devon	
	Northern Devon	
	South Hams & West Devon	
	Teignbridge	
Complaint/Issue Is Against	JES	Please specify who the complaint / issue is against (pick from list).
	Prescriber	
Client Name		Please type here the name of the user affected by the complaint/issue (if applicable).
Client Address		Please type in here the address of the user affected by the complaint/issue (if applicable).
Postcode		Please type in here the postcode of the user affected by the complaint/issue (if applicable).
JES Order No.		Please type in here the JES Order number to which the complaint/issue relates.
SSD Case No./Hospital No.		Please type in here the Social Services client number or the Hospital patient number of the person affected by the complaint / issue.
Primary Complaint	1. Wrong Equipment Supplied	Select an option from the list which reflects the main reason for your complaint/issue. If none of the options are applicable, please select "None of the above" and give further details in the "Complaint / Issue Details" box on the form.
	2. Communication - JES to Prescriber	
	3. Communication - Prescriber to JES	
	4. Order not received by JES	
	5. Late Delivery	
	6. Late Collection	
	7. Faulty Equipment	
	8. None of the above	

Secondary Complaint	1. Wrong Equipment Supplied	If you have a secondary reason for your complaint / issue, please specify here from the list. If none of the options are applicable, please select "None of the above" and give further details in the "Complaint / Issue Details" box on the form. If you have no secondary complaint / issue reason, then please leave this field empty.
	2. Communication - JES to Prescriber	
	3. Communication - Prescriber to JES	
	4. Order not received by JES	
	5. Late Delivery	
	6. Late Collection	
	7. Faulty Equipment	
	8. None of the above	
Complaint/Issue Details		Please type in here any further details you wish regarding the complaint/issue.
JES/Commissioner Aware?	Yes	Is the party who you are making the complaint against, aware of the complaint / issue?
	No	
Delayed Discharge?	Yes	Has the complaint / issue resulted in a patient's discharge from hospital being delayed?
	No	
How many days delayed?		If a patient's hospital discharge has been delayed, please type in here the number of days delayed.
JES/Prescriber Name		Please type in here the name of the person raising the complaint/issue.
Date		Please type in here the date the complaint / issue was raised.
Complaint/issue answer received from JES/Prescriber		Please complete this section when you receive an answer/explanation for the complaint/issue.