

## Making a complaint

### Ready to listen, ready to learn

This form can be used to submit a formal complaint to Maidstone and Tunbridge Wells NHS Trust about any of the services the Trust provides. Please complete **all** sections as indicated. Once you have completed the form, please hand it in to the PALS office at the hospital, a member of Trust staff or email it to [mtw-tr.complaints@nhs.net](mailto:mtw-tr.complaints@nhs.net).

1.	Your name		
2.	Your address		
3.	Your daytime telephone number		
4.	Are you the patient?	YES	Please complete sections 6, 7
		NO	Please complete sections 5, 6, 7, 8
5.	Patient's name		
6.	Patient's date of birth		
7.	Patient's hospital number		
8.	Your relationship to the patient		

If you are making a complaint on behalf of someone else, we may need to obtain their permission to share clinical information with you. This is required for reasons of patient confidentiality.

Is the patient:

1. Aged over 18?
2. Able to make decisions for themselves?

If the answer to both of these questions is yes, please ask the patient to read the statement below complete the relevant sections and sign and date the form where indicated.

I, \_\_\_\_\_ (patient's name) authorise \_\_\_\_\_ (complainant's name) to act on my behalf in respect of a complaint against Maidstone and Tunbridge Wells NHS Trust, as outlined on this form. I accept that it may be necessary for the Trust to release my confidential medical information to \_\_\_\_\_ (complainant's name) in order to respond to the concerns raised.

**I understand that I have the right to decline to give my consent and that I am entitled to withdraw my consent (in writing) at any point in the process.**

Signed (patient): \_\_\_\_\_ Date: \_\_\_\_\_

Print name (patient): \_\_\_\_\_

Please provide details your complaint below. Where possible, it is helpful for you to provide names of staff, dates, times and locations of events. If you have specific questions you would like us to answer, please include these. We would also like you to tell us what outcome you are seeking, as this helps us to resolve your complaint to your satisfaction.

**Signed (complainant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name (complainant):** \_\_\_\_\_

Please continue on a separate sheet if necessary and attach securely to this form. Further information on making a complaint and the support available can be found on the Trust's website: [www.mtw.nhs.uk](http://www.mtw.nhs.uk).