

COMPLAINT'S CONCERN & FEEDBACK

If you need help completing this form, please ask a member of staff by contacting the Patient Advice and Liaison on **(0161) 922 4466**; or e-mail palsandcomplaints@tgh.nhs.uk

For independent advice and support when complaining about the NHS you can contact Healthwatch Tameside on 0161 667 2526 who can advise you on how to make a complaint, support you and help you drafting letters and represent you or attend meeting with you.

Please complete this form and then return it electronically to palsandcomplaints@tgh.nhs.uk— or print and sign the form and return by post to:

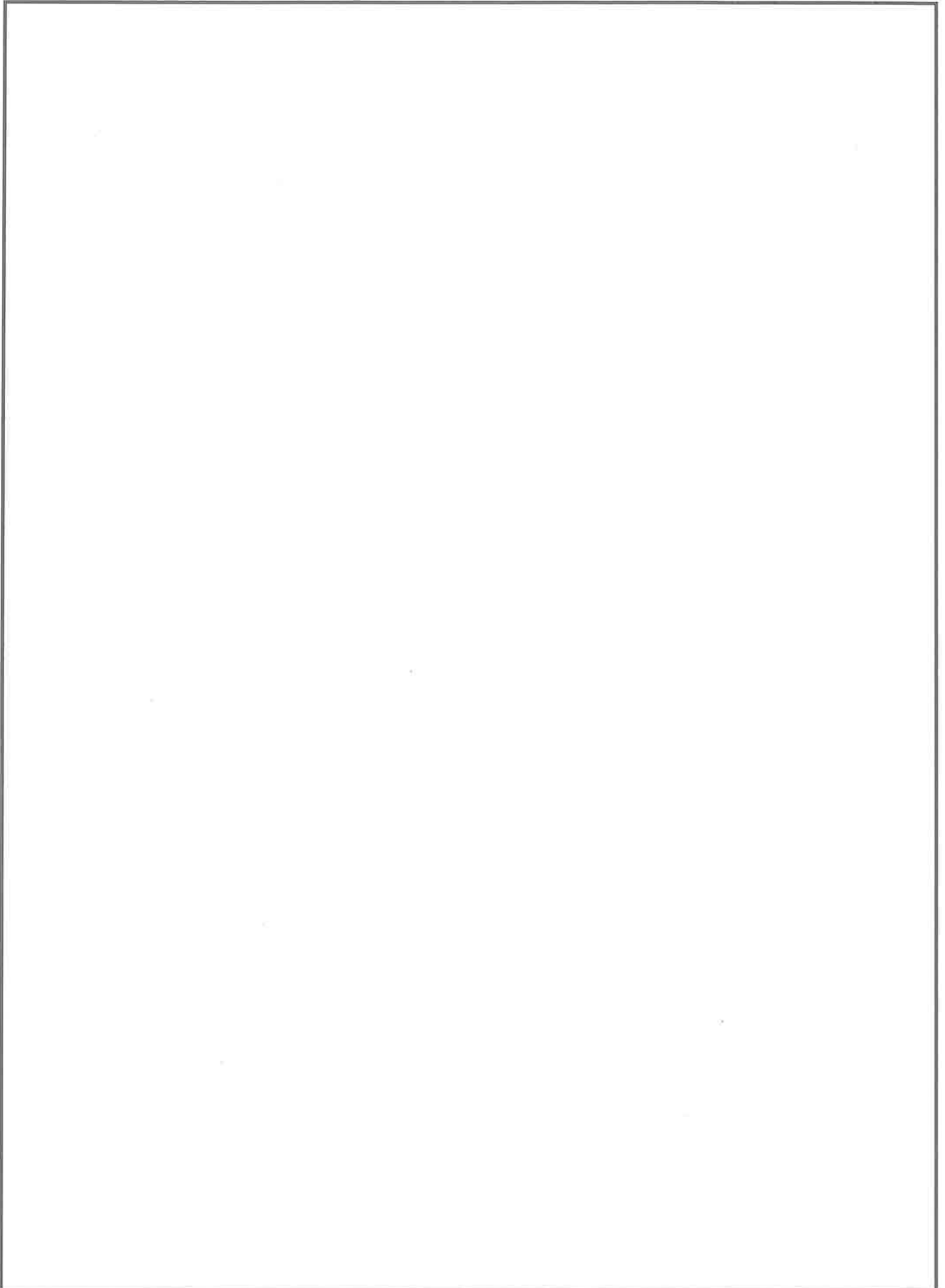
PALS & Complaints Team
Quality & Governance Unit
Silver Springs House
Tameside and Glossop Intermediate Care NHSFT
Ashton Under Lyne
OL6 9RW

Date of incident/event:	Date completed:
Name and Address of person making complaint:	Name and Address of patient (if different):
Tel. No of Enquirer	Date of birth of patient:
Relationship to patient:	Unit No (if known):

If the person making the complaint is not the patient, we will require signed consent from the patient to take this forward on their behalf. If this is the case, when we have received this form, we will send you an acknowledgement letter and a consent form to be signed by the patient.

Please provide an account of the incident(s) leading to the complaint/ concern being made:

For office use
 Date received _____
 Ref _____



Please state the areas you would like investigated:

What outcome do you wish from raising this?

Signature.....Date.....

