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| **COMPLAINTS SERVICE** |  |

**I would like to raise a complaint about an NHS service in Somerset.**

Personal Details [please complete if you require a reply].

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| --- | --- |
| Name: | Date of Birth: |
| Address: | Telephone [daytime]: |
| Mobile Number: |
| E-mail: |

|  |  |
| --- | --- |
| **Complaint** relates to:  [please delete as appropriate]  Name of patient [if different to above]: | Date of Birth [if different to above]: |
| Telephone [daytime]: |
| Address of patient [if different to above]: | E-mail: |
| Mobile Number: |

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Name of Service** | **Address** |
| *Hospital* |  |  |
| *Other* |  |  |

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| **My complaint – please list the details of the event below** |
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| **What would you like to happen as an outcome** |
|  |

Date: ……………………………..

Please remember to complete and sign the consent form and attach to this form.