

## Stockton Heath Medical Centre

### Complaints Local Resolution - Patient Information

We are sorry that you have experienced a problem with our service and wish to make a complaint. We hope that by using our internal complaints procedure we can resolve your complaint and also ensure we learn from your experience and improve our service.

Complaints will obviously vary and we want to ensure the correct person deals with it. Complaints can be reported verbally or in writing. You can give your complaint verbally over the phone and this information will be passed to our management team

If patients wish to put them in writing this can be done by filling in Practice Complaints form (attached) or by sending an email to [WARCCG.StocktonHeathMC@nhs.net](mailto:WARCCG.StocktonHeathMC@nhs.net) stating "complaint FAO Practice Manager" in the title

If you wish to approach NHS England rather than contacting the Practice:

NHS England  
PO Box 16738h  
REDDITCH  
B87 9PT  
e-mail: [England.contactus@nhs.net](mailto:England.contactus@nhs.net)  
Telephone: 0300 311 22 33

Should you, however, remain dissatisfied at completion of the complaint investigation, you may now approach the Parliamentary and Health Service Ombudsman to request an Independent Review into your complaint. You have six months from the date of this letter in which to do so.

The Parliamentary and Health Service Ombudsman may be contacted at:

The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

You are advised that there are strict time limits for formal complaints to the health authority. These are:

- Within 6 months of the incident that caused the problem *or*
- Within 6 months of discovering that you have a problem *provided*
- That it is within 12 months of the incident.

Please fill form in overleaf:

**To Complain:**

You can give your complaint verbally over the phone and this information will be passed to our management team or you can write down your complaint, on a separate sheet, as you see it, particularly stressing dates, times and names of staff involved. **If you are complaining on behalf of someone else, we will need signed note of their permission for you to do this.**

**PLEASE** Return this form with your written complaint to the Practice Manager who will then act on the option you have chosen from below.

**PLEASE** Choose one of the following by placing a tick in the box next to it.

To enable us to respond to you, make sure you put your name and address on the complaint.

A. Talk to the Doctor or team member concerned

B. Discuss your complaint with the Practice Manager.

C. Have your concern referred to another Doctor in the practice.

D. Another choice, please indicate here:

**Please return this form with your complaint to Karen Chriscoli, Practice Manager, who will then act on the option you have chosen.**