# NHS Complaints Advocacy referral form

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Address (inc postcode)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other contact details i.e. email address:</td>
<td></td>
</tr>
<tr>
<td>Do you have a preferred time/day for us to contact you?:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you complaining on behalf of someone else?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients name</td>
<td></td>
</tr>
<tr>
<td>Patient’s Relationship to Client</td>
<td></td>
</tr>
<tr>
<td>Patient Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

| NHS Care Provider complaint is about (eg: GP Surgery, Hospital, PCT) |                                      |

| Name of NHS Staff involved in Complaint: |                                      |

<table>
<thead>
<tr>
<th>Brief Outline of Issue</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When did the treatment/incident happen? (day/month/year)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any meetings upcoming?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any specific communication needs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>