**COMPLAINT FORM – GUIDANCE**

This form is used to send a formal complaint to the Leeds and York Partnership NHS Foundation Trust.

As part of our commitment to continually improving our services, we are always keen to hear what people think. Anyone is entitled to give feedback or make a complaint, including on behalf of someone else. We want you to feel confident that your feedback will be dealt with fairly and in a timely manner.

Please provide as much information as you can and send it to us using the details below. If you run out of space, you can attach additional pages.

If you have any queries, you can telephone our Complaints Department on **0113 855 5955** or visit our website at **www.leedsandyorkpft.nhs.uk** and search for ‘Complaints’.

If you need support making a complaint, independent advocacy services are available to assist people through the process. Further details can be found on the final page of this form.

**HOW TO SUBMIT THIS FORM**

By post to;

Complaints Department

Leeds and York Partnership NHS Foundation Trust

2150 Century Way

Thorpe Park

Leeds

LS15 8ZB

By email to;

[complaints.lypft@nhs.net](mailto:complaints.lypft@nhs.net)

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**Complaint form**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Your name** | | 1. **Your telephone number** | |
|  | |  | |
| 1. **Your address** | | | |
|  | | | |
| 1. **Email address** (if applicable) |  | | |
| 1. **Are you complaining about the care you have received or for someone else?** (please tick/circle) | | | |
| **Myself** | | | **Someone else** |
| 1. **Date of Birth** (if applicable) |  | | |

**Please note:** If you are complaining about care received for someone else, then consent needs to be obtained before confidential or information of a sensitive nature can be shared. We will acknowledge your complaint and send the patient a consent form for them to sign.

Please fill in as many of the patient’s details as possible.

|  |  |
| --- | --- |
| 1. **Name of patient** | 1. **Your relationship to the patient** |
|  |  |
| 1. **Patient’s telephone number** | 1. **Patient’s Date of Birth** |
|  |  |
| 1. **Patient’s address** | |
|  | |

**Details of your complaint**

|  |  |  |
| --- | --- | --- |
| 1. **Hospital and Ward/Department of patient** (if known) | | |
|  | | |
| 1. **Consultant/Specialist/Care Coordinator of patient** (if known) | | |
|  | | |
| 1. **Date of incident** (Or the time period of the events that are being complained about) | | |
|  | | |
| 1. **Please provide a full description of your complaint** (Use a separate sheet if necessary) | | |
|  | | |
| 1. **Your preferred method of contact** (please tick/circle) | | |
| **Email** | **Post** | **Telephone** |
| 1. **Date complaint form was completed** | | |
|  | | |

**INDEPENDENT ADVOCACY SERVICES**

No one should be prevented from following up a complaint because they feel the process is too complicated or that they will not get the support they require. Independent advocacy services are there to help and can be contacted as follows:

* **If your issue is about services in Leeds, please contact;**
* Leeds Independent Health Complaints Advocacy (LIHCA)

Unit A3, Unity Business Centre

26 Roundhay Road

LEEDS

LS7 1AB

* 0113 205 6530
* lihca@advonet.org.uk
* www.advonet.org.uk
* **If your issue is about services in York, please contact;**
* York Advocacy

Tang Hall Community Centre

Fifth Avenue

YORK

YO31 0UG

* 01904 414357
* office@yorkadvocacy.org.uk
* www.yorkadvocacy.org.uk