**COMPLAINT LETTER**

*Date:*

*Your full name and title and date of birth*

*Address*

*Postcode*

*Tel Number: home/mobile*

*Email address*

## Complaints Department

## Watford General Hospital

Vicarage Road

Watford

Herts

WD18 0HB

Tel: 01923 217866

Email: wherts-tr.complaintsteam@nhs.net

Dear Complaints team

**Re:** *Patients Name, Date of Birth, Address (if you are* ***not*** *writing the complaint about your own care)*

*NHS Number: (if known)*

*Hospital Number: (if known)*

I am writing to you to complain about the treatment received at, *Watford General Hospital/Hemel Hempstead Hospital/ St Albans City Hospital –*

*Please provide the following details on the Complaints form below:*

* Date of incident
* Name of ward/department of where the incident happened
* Outline of what happened **Be clear and concise using bullet points may help**
* List the main issues you would like investigated and the specific questions you would like answers to using bullet points
* If you are complaining about a member of staff please also include their name and their position if known.

*What would you like to happen as a result of your complaint?:*

* An apology
* An explanation of what happened eg: treatment provided
* Actions to remedy the issues raised

I would be pleased if you would carry out a full investigation into my concerns and provide a response in accordance with the NHS complaints procedure.

I understand that you will aim to provide a response within 30/40 working days, but that I will be kept informed of progress if you are unable to achieve this timescale.

Yours sincerely

Your signature

Your printed Name

**Further explanatory notes**

If you are raising a complaint on behalf of someone else, who is 16 years of age or over and has capacity and is able to give their consent.

or

If the patient is deceased, is under 16 years of age, is too unwell or does not have capacity to sign a consent form, then please forward your letter to us and we will then write to you with regards to our consent process.

**Complaint Form**

|  |  |
| --- | --- |
| Full name and title (in capitals) |  |
| Date of birth |  |
| Gender |  |
| Address (inc postcode) |  |
|  |  |
|  |
| Home/ Mobile telephone Number: | |
| Email address: (would you prefer to be contacted via email?) Yes/No | |

|  |  |
| --- | --- |
| Are you complaining on behalf of someone else? | |
| Patients name |  |
| Your relationship to patient |  |
| Patient Date of Birth |  |

|  |
| --- |
| At which hospital did your complaint happen? (delete as appropriate)  Watford General Hospital/ Hemel Hempstead Hospital/ St Albans City Hospital |
| Date of incident |
| * Name of ward/department of where the incident happened |
| * Brief outline of what happened (**Be clear and concise using bullet points may help)** |
| * List the main issues you would like investigated and the specific questions you would like answers to using bullet points/numbers   *1.*  *2.*  *3.*  *4.*  *5.*  *6.*  *7.*  *8.*  *9.*  *10.* |
| * If you are complaining about a member of staff please also include their name and their position if known. |
| *What would you like to happen as a result of your complaint:*   * An apology * An explanation of what happened eg: treatment provided * Actions to remedy the issues raised |