****

 

**NHS Complaints Advocacy Service Referral Form**

**If you would like to refer yourself or someone else to the NHS Complaints Advocacy Service, then please complete this form and return it by post or email to Surrey Independent Living Council (SILC) using the contact details given below.**

**Email:** nhsadvocacy@surreyilc.org.uk  **Post:** Astolat, Coniers Way, Guildford, Surrey, GU4 7HL

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Title** |  |
| **Full Address** |  |
| **Mobile phone** |  | **Home phone** |  |
| **Email address** |  |
| **Patient’s name** (if different from above) |  |
| **Patient’s ethnic group?** |  |
| **Patient’s date of birth** |  |
| **Preferred means of contact** |  |
| **Nature of any impairment/disability** |  |

**Referrer’s Details** (if different to the above)

|  |  |
| --- | --- |
| **Referrer’s name** |  |
| **Contact number** |  |
| **Email** |  |
| **Organisation** |  |
| **Job title** |  |

**About the Complaint**

|  |
| --- |
| **Full name of the NHS Provider the complaint is about** (GP surgery, hospital, mental health team, dentist etc.) |
|  |
| **Name/position of NHS staff involved in the complaint, if known** |
|  |
| **Please give a brief** **description of your complaint** and including details of any specific issue/s requiring support |
|  |

|  |
| --- |
| **Date that the incident/treatment happened** (dd/mm/yyyy) |
|  |
| **Please list any questions that you would like to ask the provider** |
|  |
| **Desired outcomes** |
|  |
| **Have you already made a formal complaint?** If so, please include copies of all correspondence that you have had with the NHS provider so far when you return this form to SILC |
|  |

|  |
| --- |
| **Would you like SILC to encrypt any email exchanges with you using Egress Switch?** Egress Switch is a computer program that ensures the secure transfer of information. If you do not already have a licence for it, you will need to download some software onto your computer to open emails that have been encrypted by SILC using Egress Switch. |
| Yes / No |

|  |
| --- |
| **How did you hear about the Advocacy service?** |
|  |

**Consent**

In order to meet data protection requirements for providing advocacy support, SILC needs to have consent from the person making the complaint to confirm that SILC may record and store relevant information about that person, their complaint and the details of the advocacy support that is being provided. Anonymised data may be provided to Healthwatch Surrey to inform the provision of public services.

All information will be treated confidentially and details of how SILC uses and keeps client information can be found in SILC Fast Fact 19, which is available on the SILC website. Consent can be withdrawn at any time.

We regret that we will not be able to handle referrals unless consent is provided.

|  |
| --- |
| **Please ask the person you are referring to sign here to confirm they consent to the above. Or, if it’s you that is making the complaint, please sign yourself to confirm you consent to the above.** Print Name:  Signature: Date:  |

If the person cannot read and/or sign this agreement themselves, then a representative can sign on their behalf as long as they agree with the following statement:

|  |
| --- |
| I agree that I have conveyed the information in this Referral Form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and they understand it although they may not be able to read and sign the consent section themselves. Representative’s Name: Representative’s Signature: Representative’s Telephone: Date: |

**Unacceptable Behaviour Statement**

Our staff work positively to support customers and resolve issues. We will not tolerate verbal, physical or racial abuse, threatening behaviour or discrimination of any kind. We reserve the right to withdraw any of our services from customers who fail to respond to guidance around this statement and continue to behave in an unacceptable manner.