****

**REFERRAL FORM**  
NHS Health Complaints Advocacy Service

To access the NHS Health Complaints Advocacy Service please complete this form in full and return it to Surrey Independent Living Charity (SILC) using the contact details given below.  
**Email:** [nhsadvocacy@surreyilc.org.uk](mailto:nhsadvocacy@surreyilc.org.uk)  
**Post:** SILC, Astolat, Coniers Way, Guildford, Surrey, GU4 7HL  
  
**1) Contact details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| These are the details of the person we will contact regarding the complaint.  **>** If you are a family member or friend assisting the patient with their complaint, please fill your details in here, and the patient details at the bottom of this section.  **>** If you are the patient, please fill your details in here and skip the ‘patient name’ section. | | | | | | | | |
| **Full name** |  | | | | | | **Title** |  |
| **Full address** (including postcode) |  | | | | | | | |
| **Email address** |  | | | | | | | |
| **Mobile number** |  | | | | **Home phone** |  | | |
| **Date of birth** |  | | | | | | | |
| **Preferred means of contact** (i.e. phone, email, post) | | | |  | | | | |
| **Nature of any impairment or disability** | | | |  | | | | |
| Patient section. If you are the patient and the contact (as above), please skip this section, otherwise, please fill in the patient’s details below | | | | | | | | |
| **Patient’s name** | |  | | | | | **Title** |  |
| **Patient’s date of birth** | | |  | | | | | |
| **Patient’s address** (including postcode) | | |  | | | | | |

**2) Referrer details**

|  |  |
| --- | --- |
| If you are an organisation or service making this referral, please fill in this section.  If not, please skip this section. | |
| **Referrer’s name** |  |
| **Contact number** |  |
| **Email address** |  |
| **Organisation** |  |
| **Job title** |  |

**3) About the complaint**

**Please fill out all sections below if possible.**

|  |
| --- |
| **Full name of the NHS provider the complaint is about** (GP surgery, hospital, mental health team, dentist etc.). Please include their full address if known. |
|  |
| **Name and position of NHS staff involved in the complaint, if known** |
|  |
| **Date/dates that the incident/treatment happened (dd/mm/yyyy)** Please also tell us if this is an ongoing issue. |
|  |
| **Brief description / overview of your complaint** Once an advocate has been assigned to your case, they will give you a call (or email if preferred) to go through your complaint in detail.  **If you have any letters, paperwork, etc. that are relevant to your complaint, please send us a copy of each with this completed referral.** |
|  |
| **Questions to the NHS about your complaint**  Asking specific questions should encourage a specific and direct response to your concerns. |
|  |

|  |  |
| --- | --- |
| **Desired outcomes** Please see below for examples of potential outcomes you can pursue through the NHS complaints procedure: | |
| **Examples of what you can expect:**  **☑** An apology.  **☑** An explanation on why something happened.  **☑** An acknowledgement of any mistakes made by the organisation.  **☑** An organisation undertaking to review its policies and procedures to try and avoid the same things happening again. | **We cannot help you:**  **🗵** With legal advice or assistance. **🗵** Claim compensation.  **🗵** Get an NHS employee disciplined, dismissed or ‘struck off’.  *These are not part of the formal complaints procedure.* |
|  | |
| **Have you already made a formal complaint?**  If you have, please include any letters, paperwork, etc. that you have already sent or received with regards to your complaint with this completed referral. | |
| Yes / No | |
| **How did you hear about our advocacy service?** | |
|  | |
| **Would you like SILC to encrypt any email exchanges with you and with providers related to your complaint using Egress Switch?**  Egress Switch is a web-based service that ensures the secure transfer of information. If you do not already have an account for it, you will need to create one to open and reply to emails that have been encrypted by SILC using Egress Switch. | |
| Yes / No | |

|  |
| --- |
| All information provided will be treated confidentially. Details of how SILC uses and protects client information can be found in the SILC Privacy Policy. This is available on the SILC website (at <https://www.surreyilc.org.uk/privacy/>) or in print on request.  **Unacceptable Behaviour Statement**  SILC staff work positively to support customers and resolve issues. Our staff will not tolerate verbal or physical abuse, threatening behaviour, persistent rudeness, 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. |