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| **Cleveland Clinic** |  |
| **Compliments, Comments and HComplaints** |

*Our aim is to put you, the patient, first and provide you with the best possible service. To make this aim a reality it is important that you have the opportunity to tell us what you think about the service we provide. Our Compliments, Comments and Complaints Procedure is one way you can do this. You can tell us when we get things wrong so we can put them right as soon as possible for you and if relevant our other patients. You can also tell us when we get things right, make comments about the things we do or how we do them or perhaps suggest new ways for us to do things.*

**INTRODUCTION**

Our Practice is committed to delivering a quality service at all times. However, we do accept that occasionally things can and do go wrong. If you are dissatisfied with any aspect of the service you have received from us, we would like to hear from you. Equally, if you are pleased with the services you have received, or have a suggestion on how we might improve, please let us know.

**COMPLAINTS**

We need to know the exact nature of your complaint. To help us investigate, respond and remedy your complaint, please provide as much information as possible about what has happened, the individual or department involved and why you felt the service we offered did not meet your expectations.

**HOW TO LODGE A COMPLAINT WITH US**

You can make your complaint in the method most convenient to you, however, our preference is to receive the details of your complaint in writing rather than by telephone (an email is acceptable), therefore ensuring that all the facts of your complaint are recorded correctly. You can write or email to the Practice Manager at:

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| **Nell Montague-Rendall**  Practice Manager | Cleveland Clinic  12 Cleveland Road  St Helier  JERSEY  JE1 4HD | Email: [town@clevelandclinic.gpnet.je](mailto:town@clevelandclinic.gpnet.je) |

We will acknowledge your complaint within 10 working days of receipt.

It is our intention that a complaint will be responded to in writing (letter or email) within 30 working days of receipt. If a full response cannot be given within 30 working days (e.g. when a matter is very complex or where we will have to consult with a third party) you will be kept informed of the progress that is being made and when you will likely receive our formal response. The Practice Manager accepts full responsibility for effective complaints handling. In all cases, we will treat your correspondence in strict confidence, with fairness and objectivity.

Once the complaint response has been issued, unless we hear otherwise the complaint will considered closed 20 working days after the date of the response being made.

**WHAT TO DO IF YOU ARE UNHAPPY WITH OUR RESPONSE**

If you feel your complaint has not been satisfactorily dealt with you have the option to put your concerns directly, in writing, to the Managing GP of the Practice at the address above. They will investigate your escalated complaint and will reply to you within 20 working days of receipt of your dispute.

**IF YOU ARE STILL UNHAPPY WITH OUR UPDATED RESPONSE AND/OR WISH TO ESCALATE YOUR COMPLAINT FURTHER**

**If having already followed our complaints procedure above you are still unsatisfied with the responses you have received from us, you may take the matter up further with the Primary Care Governance Team.**

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| **Primary Care Governance Team** | Ground Floor, Maison le Pape  St Helier, Jersey JE2 3PU | Email: pcgt@health.gov.je |

**Compliments, Comments and Complaints Form**

**Private and Confidential**

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| --- | --- | --- | --- |
| Full Patient Name: |  | Date: |  |
| Home Address  & Post-Code: |  | Daytime contact number: |  |
|  |  | Email for our acknowledgement and response: |  |
| Person making comment if different to the Patient named above: | |  | |
| Is the Patient named above aware this comment is being raised? | | Yes  No | |

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| I would like to make a: | Compliment  Comment  Compliment | |
| Comment Regarding: | Service Received  A GP /Clinician  Our Support Team  Our Fees/Charges  Other | |
| Appointment Details: | Date and Time: | GP/Clinician Seen: |
| Please give details of your comment (Continue on a separate sheet, if necessary) | | |

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| Signed: (Patient) |  | Date: |  |
| Signed: (Third Party) |  | Date: |  |
| **THIRD PARTY DECLARATION**: I hereby authorise the individual detailed above to act on my behalf in raising this matter and to receive such information as may be considered relevant in dealing with the practice response. I understand that any information given about me is limited to that which is relevant to the investigation of the matter and will only be disclosed to those people who have consented to act on my behalf. This authority is for an indefinite period/limited\* period only valid until ………./………./………. (insert date). (\*Delete as appropriate) | | | |

**Please return this form to: The Practice Manager, Cleveland Clinic, 12 Cleveland Road, St Helier, JERSEY, JE1 4HD**

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| For Practice Use Only | Date Received | Date Acknowledged | Date Responded | Date Closed |
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