**Compliments, Comments and Complaints**

*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 ther service we offered did not meet your expectations.

**HOW TO LODGE A COMPLAINT**

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

Cleveland Clinic

12 Cleveland Road

St Helier

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 complaints will be responded to in writing within 1 calendar month. If a full response cannot be given within this time (e.g. when a matter is very complex or where we will have to consult 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.

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

If you remain unhappy having followed our complaints procedure above, and you are still unsatisfied with the response you have received, you may take the matter up further with the Primary Care Governance Team.

Primary Care Governance Team

Ground Floor,

Maison Le Pape,

St Helier

JE2 3PU

Email: [pcgt@health.gov.je](mailto:pcgt@health.gov.je)

Further information can be found in our Complaints Leaflet and also on our website.

## COMPLIMENT, COMMENT AND COMPLAINTS FORM

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone no. |  | Postcode |  |

**SECTION 2: COMPLAINT DETAILS**

Please give full details of the compliment, comment or complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

|  |
| --- |
| **I would like to make a:** Compliment  Comment  Complaint |
| **Regarding:**  Service Received  A GP  Our Staff  Fees & Charges  Other |
| **Date & Time: GP Seen:** |
|  |

**SECTION 3: OUTCOME**

|  |
| --- |
|  |

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management Yes/No |

## THIRD PARTY COMPLIMENT, COMMENT AND COMPLAINTS FORM

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone no. |  | Postcode |  |
| Is the Patient named above aware this comment is being raised? Yes / No | | | |

**SECTION 2: THIRD PARTY DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 3: DECLARATION**

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*.

Where a limited period applies, this authority is valid until ………./………./………. (insert date).

(\*Delete as necessary)

**SECTION 4: PATIENT SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management Yes/No |