

## NHS Complaints Advocacy Registration

<b>Forename:</b>		<b>Date of birth:</b>	
<b>Surname:</b>		<b>Mobile:</b>	
		<b>Landline:</b>	
<b>Address Line 1:</b>		<b>Email:</b>	
<b>Address Line 2:</b>			
<b>Town:</b>		<b>Postcode:</b>	
<b>Preferred method of communication:</b>	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text	<b>Have you used Mind in Tower Hamlets and Newham services before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where did you hear about the service?</b>			

<b>Are you making this complaint on behalf of a friend or someone they know?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you making a complaint on behalf of a family member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you making a complaint on behalf of a child (under 18)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Do you require an interpreter?</b> if so, please tell us your preferred language and dialect

**Declaration of consent-**

**Confidentiality policy**

Mind in Tower Hamlets and Newham (MITHN) is working in partnership with Healthwatch Newham to provide the NHS Complaints Advocacy service for residents in Newham. Information is stored and shared between MITHN and Healthwatch Newham for reporting and monitoring purposes. We respect your right to receive a confidential service and do not disclose your information to any other party without your consent. We have a confidentiality policy which all staff, volunteers and students have to comply with.

**I have read, understood and accepted the client confidentiality policy**

**Client Signature:**

**Date:**

## Complaint Issue

Please indicate the nature of your complaint and what you would like NHS complaints advocacy support with. Tick **ALL** that applies.

<p style="text-align: center;"><b>Appointments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Delays and waiting times</li> <li><input type="checkbox"/> Booking and cancellations</li> <li><input type="checkbox"/> Lack of access to interpreter services</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/> <p style="text-align: center;"><b>Assessments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Health Assessments</li> <li><input type="checkbox"/> Mental Health Assessments</li> <li><input type="checkbox"/> Special Needs Assessments</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/> <p style="text-align: center;"><b>Diagnosis, treatment and care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Injury and harm</li> <li><input type="checkbox"/> Misdiagnosis</li> <li><input type="checkbox"/> Miscarriage</li> <li><input type="checkbox"/> Surgical treatment</li> <li><input type="checkbox"/> Death</li> <li><input type="checkbox"/> Quality of treatment and care</li> <li><input type="checkbox"/> Medicine prescription</li> <li><input type="checkbox"/> Inadequate aftercare</li> <li><input type="checkbox"/> Lack of treatment options</li> <li><input type="checkbox"/> Lack of access to other healthcare services</li> <li><input type="checkbox"/> In-patient admission</li> <li><input type="checkbox"/> Discharge</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/> <p style="text-align: center;"><b>Medical/Health Records</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Subject access request</li> <li><input type="checkbox"/> Record of disagreement</li> <li><input type="checkbox"/> Inaccurate information</li> <li><input type="checkbox"/> Missing information</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/>	<p style="text-align: center;"><b>Behaviour of NHS Staff</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attitude of staff</li> <li><input type="checkbox"/> Unprofessional conduct</li> <li><input type="checkbox"/> Physical Assault</li> <li><input type="checkbox"/> Verbal assault</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/> <p style="text-align: center;"><b>NHS Employee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GP</li> <li><input type="checkbox"/> GP Surgery staff</li> <li><input type="checkbox"/> Ward Nurse/Specialist Nurse</li> <li><input type="checkbox"/> Ward Staff</li> <li><input type="checkbox"/> Consultants/Specialists</li> <li><input type="checkbox"/> Junior Doctors</li> <li><input type="checkbox"/> A &amp; E Nurse</li> <li><input type="checkbox"/> A &amp; E Consultants</li> <li><input type="checkbox"/> Mental Health Nurse</li> <li><input type="checkbox"/> Mental Health Ward staff</li> <li><input type="checkbox"/> Psychiatrist</li> <li><input type="checkbox"/> Care Co-ordinators</li> <li><input type="checkbox"/> Occupational Therapists</li> <li><input type="checkbox"/> Pharmacist</li> <li><input type="checkbox"/> Dentist</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/> <p style="text-align: center;"><b>Complaint Handling</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PALS</li> <li><input type="checkbox"/> Delay of response from NHS organisation</li> <li><input type="checkbox"/> Lack of updates/communications</li> <li><input type="checkbox"/> Local resolution meeting</li> <li><input type="checkbox"/> Breach of 6 month response deadline</li> <li><input type="checkbox"/> Parliamentary and Health Service Ombudsman</li> <li><input type="checkbox"/> Other, please specify</li> </ul> <hr/>
--	--

**Monitoring Form** Please can you **highlight or tick the answers below, this will only be used for** monitoring purposes and will help us to deal with any situations which may arise during your time with MITHN and Healthwatch Newham. Thank you for taking the time to complete this form.

<b>Ethnic Group</b>	Asian – Bangladeshi Asian – Indian Asian – Pakistani Asian – Other (Specify) Black – African Black – Caribbean Black – Somali Black – Other (Specify) White – British White – Irish White – Other (Specify) Mixed Background White & African Mixed Background White & Asian Mixed Background White & Caribbean Mixed Background – Other (Specify) Chinese Gypsy or Traveller Other (Specify) Did not wish to disclose	<b>Gender</b>	Male Female Transgender Did not wish to disclose
<b>Nationality</b>		<b>Sexual Orientation</b>	Bisexual Gay Heterosexual Lesbian Did not wish to disclose
<b>Main language</b>		<b>Religion / Beliefs</b>	Buddhist Christian Hindu Jewish Muslim Sikh No religion Other (specify) Did not wish to disclose
<b>Employment Status</b>	Education (Full Time) Education (Part Time) Employment (Full time) Employment (Part Time) In Training Not in Education or Work Self Employed Retired	<b>Marital Status</b>	Civil Partnership Co- Habiting Divorced In a Relationship Married Separated Single Widowed Prefer not to say
<b>Accommodation Status</b>	No fixed Abode Owner/Occupier Rented accommodation Supported Housing	<b>Mental Health/Disability/ Special Needs</b>	None Deafness/Partial Loss of Hearing Blindness/Partial Loss of sight Learning Disability Learning Difficulty Development Disability Physical Disability Long Term Illness Other (Specify)
<b>Are you a carer</b>	No      Yes		
<b>Refugee Status</b>	No      Yes		