



Request for support in raising an NHS concern

Please complete the sections below

Your Details

Title:

Name:

Date of Birth:

Address:

Telephone (landline):

Telephone (mobile):

Email Address:

Are you the patient? Yes

No

Raising a concern on behalf of someone else

Please enter the patient's details

Title:

Name:

Date of Birth:

Address:

What is your relationship to the patient?

Details about the Concern

Date the event/incident occurred

Have you already raised your concerns with the NHS organisation?

If so, have you had a response?

If so, please give brief details of how and when you did so:

In your opinion, what went wrong?

Are there any specific questions you would like answered?

What would you like to happen as a result of your complaint?

e.g. Explanation/Apology/Service Improvement

What are your preferred contact options?

- Email
- Telephone
- Letter
- Virtual

Please indicate your language of choice

- English
- Welsh
- Other

If possible, please attach a copy of your letter of complaint and/or response letter.