

Sample Complaint Letter

DATE

YOUR FULL NAME & TITLE
ADDRESS
POST CODE
TEL NUMBER HOME/WORK
E-MAIL ADDRESS

NHS NO. }
HOSPITAL NUMBER: D. } *if known*
PATIENT'S DATE OF BIRTH }

Head of Patient Relations
South Tees Hospitals NHS Foundation Trust
The James Cook University Hospital
Marton Road
MIDDLESBROUGH
TS4 3BW

Dear Sir/Madam

Re: PATIENT'S NAME, DATE OF BIRTH, ADDRESS (*if not yourself*)

I am writing to you to complain about the treatment received at

(insert) HOSPITAL & WARD/ DEPARTMENT WHERE INCIDENT HAPPENED

- *Please see enclosed leaflet for the hospitals covered by South Tees Hospitals NHS Trust.*
- *If you are complaining about a particular member of staff, also include their name and position if known.*

(insert) DETAILS OF WHAT HAPPENED, WHEN IT HAPPENED

- *Include names and positions of people involved, if relevant.*
- *If the events are very detailed, list the main points in date order in this letter.*
- *Enclose further background information on separate sheets, if required.*
- *Do not leave out relevant information or any part of your complaint).*

(insert) DETAILS OF WHY YOU ARE NOT SATISFIED.

- *If you wish to complain about a number of matters, list the most important ones first.*
- *Try to be clear and concise in the points you make.*

(insert) SPECIFIC QUESTIONS YOU WOULD LIKE ANSWERED.

- *List them in order of importance.*

(insert) DETAILS OF WHAT YOU WOULD LIKE TO HAPPEN AS A RESULT OF YOUR COMPLAINT.

- *For example, an apology, an explanation, details of the treatment, a meeting, action to put things right, reassurance that the same thing will not happen to anyone else.*

I would be pleased if you would carry out a full investigation into my concerns and provide a response in accordance with the NHS Complaints Procedure.

I look forward to receiving your reply. I understand that I will be kept informed of progress if I do not receive a response within 25 working days. Please do not hesitate to contact me if you need any further information.

Yours sincerely

YOUR SIGNATURE

YOUR NAME PRINTED

- ***If you are complaining on behalf of someone else make sure they have countersigned your letter.***
- ***If the patient is unable to consent, for example, if they are very young, very ill or deceased, then consent is required from their appointed Next of Kin.***

COUNTERSIGNATURE - PATIENT'S OR NEXT OF KIN

- *Please note that if there are several pages it is helpful to number the pages to avoid confusion.*
- *Remember to keep a copy of your letter for your future reference.*
- *This information will help us to investigate and respond to your complaint speedily.*