

Patient Complaints Form

Large Print Version

We are sorry that something has not met your expectations.

Your feedback matters to us. It will be kept private. It will not affect the care you receive at AtWell.

If you would like help filling in this form, please ask at reception. We can offer easy-to-read versions, large print, audio, and an interpreter — free of charge.

How to return this form

By post: Mrs Lilli Hennell, Practice Manager, AtWell Private GP & Health Clinic, 164 Station Road, Balsall Common, CV7 7FD

By email: hello@wellclinics.co.uk
(please write **Complaint** in the subject line)

By phone: 01676 545111

In person: hand it to any member of our reception team.

We will write back to let you know we have received your complaint within 3 working days, and send you a full reply within 20 working days.

1. About you

Title

First name(s)

Last name

Date of birth

Day / Month / Year

Patient reference number (if known)

Home address

Including postcode

Phone number

Email address

Best time to reach you

How would you prefer we contact you?

By phone

By email

By post

By text message

Do you need any help with our reply?

Easy-to-read version

Large print

Audio (CD or recording)

Braille

Sign language

Interpreter (please tell us the language)

2. Are you filling this in for someone else?

I am filling this in as:

The patient

A family member or friend

Someone acting for the patient

If you are **not** the patient, please fill in the boxes below.
Where possible, include a short note from the patient saying they are happy for you to make this complaint on their behalf. Reception can help if you are unsure.

Your full name

Your relationship to the patient

Your phone number

Your email address

Your address (if different from the patient's)

Why are you making the complaint for them?

- The patient has agreed
- I look after their affairs
- The patient has passed away
- Other (please write below)

If other, please tell us why

3. Tell us what happened

Date it happened

Day / Month / Year

Time (if you remember)

Where in the clinic

For example: reception, treatment room

Name of staff member(s) involved (if you know)

Which service was it about?

For example: GP, dental, physio, reception

What is your complaint about?

- My care or treatment
- Appointments or admin
- How a staff member behaved
- The clinic itself
- A bill or payment

Something else

Please tell us in your own words what happened

Include dates, times and names if you remember them. If you need more space, please use a separate sheet of paper and write your name and the date on it.

How has this affected you (or the patient)?

For example: your health, your feelings, money, or your ongoing treatment.

What would you like us to do?

For example: explain what happened, say sorry, change how something is done, or review the care you received.

4. Have you spoken to us about this before?

Have you raised this with us already?

- No
- Yes – in person or by phone
- Yes – in writing
- Not sure

If yes, who did you speak to or write to?

When?

Day / Month / Year

Is there anything else you would like us to know?

You can also attach letters, emails, photos, bills or any other documents that help explain your complaint.

5. Would you like to meet with us?

How would you like to talk to us?

- In person at the clinic
- By phone or video call
- A written reply is fine
- Not sure yet

6. Your agreement and signature

I confirm that what I have written here is true to the best of my knowledge. I understand that AtWell will look into my complaint, and that the staff involved in my care and the manager responsible for the clinic may need to see what I have written.

My information will be kept private and looked after in line with UK data protection law. AtWell keeps complaint records for 10 years (or 25 years if the complaint is about a child) so the team can learn from them and improve

care.

If I would like to know more about how my information is looked after, I can ask reception for the clinic's Privacy Notice.

Are you happy for us to look into this?

- Yes
- Yes, with some conditions (please write below)
- Please keep my name out of it

Any conditions or notes about how we use your name

Signature

Please sign in the box

Date

Day / Month / Year

Please print your full name

Are you the patient, or filling this in for them?

If you are still unhappy after we have replied

If our reply has not put things right, an independent service can look at your complaint for you, free of charge. It is called the **Independent Sector Complaints Adjudication Service** and you can reach them at <https://iscas.cedr.com>.

You can also speak to the people who check the safety and quality of our care, or the professional body for the staff member involved, at any time:

Care Quality Commission – 03000 616161

General Medical Council (doctors) – 0161 923 6602

Nursing and Midwifery Council (nurses) – 020 7637 7181

Health and Care Professions Council

(physiotherapists and other therapists) – 0300 500 6184