

Patient Complaints Form

Please use this form to tell us if something has not gone the way you expected.

We are sorry that something has not met your expectations. Your feedback matters to us, will be kept private, and **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, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth DD / MM / YYYY	Patient reference (if known)	How would you prefer we contact you? Email, phone or post
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address (including postcode)	Phone number	
<input type="text"/>	<input type="text"/>	
Email address	Best time to reach you	
<input type="text"/>	<input type="text"/>	
Do you need any help?	<input type="checkbox"/> Easy-to-read	<input type="checkbox"/> Large print
	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Sign language
	<input type="checkbox"/> Other	

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 and, 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	Daytime phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your address (if different from the patient's)	Your email	
<input type="text"/>	<input type="text"/>	
Why are you making the complaint for them?	<input type="checkbox"/> The patient has agreed	<input type="checkbox"/> I look after their affairs
	<input type="checkbox"/> The patient has passed away	<input type="checkbox"/> Other

3. TELL US WHAT HAPPENED

Date it happened

DD / MM / YYYY

Time (if you remember)

Where in the clinic

e.g. reception, treatment room

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

Which service was it about?

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, and what was said or done. If you need more space, please use a separate sheet 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?

DD / MM / YYYY

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 keep my name out of it

Signature

Please sign in the box

Date

DD / MM / YYYY

Please print your full name

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

FOR OFFICE USE ONLY

To be completed by the Complaints Handler (Practice Manager). Do not detach.

Complaint ID e.g. CO-2026-001 <input style="width: 100%; height: 20px;" type="text"/>	Date received DD / MM / YYYY <input style="width: 100%; height: 20px;" type="text"/>	Received via Post / email / in person / online <input style="width: 100%; height: 20px;" type="text"/>
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Category assigned:
 Clinical
 Admin
 Staff
 Facilities
 Billing
 Other

Severity (L1-L5):
 L1
 L2
 L3
 L4
 L5

Parallel processes:
 Duty of Candour
 Safeguarding
 SEA scheduled
 None

Acknowledgement sent Date – within 3 working days <input style="width: 100%; height: 20px;" type="text"/>	Investigator assigned <input style="width: 100%; height: 20px;" type="text"/>	Target response date Day 20 <input style="width: 100%; height: 20px;" type="text"/>
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Investigation plan summary
 Countersigned by Registered Manager for L3-L5.

Outcome / learning identified
 To be entered in Complaints Register and reviewed at Clinical Governance Meeting.

Response issued Date <input style="width: 100%; height: 20px;" type="text"/>	ISCAS signposted Yes / N/A <input style="width: 100%; height: 20px;" type="text"/>	Case closed Date <input style="width: 100%; height: 20px;" type="text"/>	Outcome Upheld / partial / not upheld <input style="width: 100%; height: 20px;" type="text"/>
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Complaints Handler signature Mrs Lilli Hennell, Practice Manager <input style="width: 100%; height: 40px;" type="text"/>	Date <input style="width: 100%; height: 40px;" type="text"/>
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Registered Manager signature Dr Matthew Perkins <input style="width: 100%; height: 40px;" type="text"/>	Date <input style="width: 100%; height: 40px;" type="text"/>
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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.