



Main site: Iter Cross, Junction Road, Bow EX17 6FB
Branch site: Devonshire House, Essington Rd, North Tawton EX20 2EX
Telephone: 01363 82333

PATIENT COMPLAINT FORM

Every patient has the right to make a complaint about the treatment or care they have received at Bow and North Tawton Medical Practices. We understand that we may not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so as soon as possible, ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem.

Please address your complaint to the Complaints Co-Ordinator, if you would like to put your complaint in writing, please use the attached form or visit the practice website and complete our online Compliments and Suggestions form, a delivery receipt will be sent by return.

<https://bowmedicalpractice.co.uk/complaints-and-suggestions/>

COMPLAINING ON BEHALF OF SOMEONE ELSE

If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. Please complete the Third Party Consent section of this form.

WHAT WE WILL DO

The Complaints Lead will respond to you within ten business days to acknowledge your complaint. We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint

TAKING IT FURTHER

If you remain dissatisfied with our response, you may escalate your complaint to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government. You can contact them at:

Helpline: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

Post: Millbank Tower, Millbank, London SW1P 4QP

Website: www.ombudsman.org.uk by using their [secure online form](#).



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PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
 TELEPHONE NUMBER: _____
 ADDRESS: _____

COMPLAINANTs NAME: _____
 TELEPHONE NUMBER: _____
 ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.

I wish this person to complain on my behalf.

I fully consent to Bow Medical Practice releasing information to, and discussing my care and medical records with, the person named above in relation to this complaint.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Print: (Patient only)

Date: