**COMPLAINT’S CONCERN & FEEDBACK**

If you need help completing this form, please ask a member of staff by contacting the Patient Advice and Liaison on (0161) 922 4466; or e-mail [palsandcomplaints@tgh.nhs.uk](mailto:palsandcomplaints@tgh.nhs.uk)

For independent advice and support when complaining about the NHS you can contact Healthwatch Tameside on 0161 667 2526 who can advise you on how to make a complaint, support you and help you drafting letters and represent you or attend meeting with you.

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| Please complete this form and then return it electronically to [palsandcomplaints@tgh.nhs.uk](mailto:palsandcomplaints@tgh.nhs.uk)– or print and sign the form and return by post to:  **PALS & Complaints Team**  **Integrated Governance Unit**  **Silver Springs**  **Tameside and Glossop Intermediate Care NHSFT**  **Ashton Under Lyne**  **OL6 9RW** | |
| **Date of incident/event:** | **Date completed:** |
| **Name and Address of person making complaint:** | **Name and Address of patient (if different):** |
| **Tel. No of Enquirer** | **Date of birth of patient:** |
| Relationship to patient: | **Unit No (if known):** |
| If the person making the complaint is not the patient, we will require signed consent from the patient to take this forward on their behalf. If this is the case, when we have received this form, we will send you an acknowledgement letter and a consent form to be signed by the patient. | |
| **Please provide an account of the incident(s) leading to the complaint/ concern being made:**  **Please state the areas you would like investigated:**  **What outcome do you wish from raising this?**  **Signature………………..………………Date………………………** | |