

If you have a complaint or concern about the service you have received from us or any of the personnel working for Salus Medical Services, please let us know. We operate a complaints procedure as part of an NHS Complaints system, which meets national criteria.

## 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 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 in writing to the **Complaint Manager** at the address on the website. Please be as specific and concise as possible.

If you do not wish to complain to the practice, you can make a complaint to NHSE:

By telephone: 03003 11 22 33

By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

By post: NHS England, PO Box 16738, Redditch, B97 9PT

## COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality so if you are not the patient, but are complaining on their behalf, you must have their written permission to do so. A Third-Party Consent Form is attached.

## WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 30 working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish.

When we look into your complaint:

- we will investigate the circumstances
- make it possible for you to discuss the problem with those concerned
- make sure you receive an apology if this is appropriate, and
- take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any investigations.

## TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

**The Parliamentary and Health Service Ombudsman**  
Millbank Tower, Millbank, LONDON, SW1P 4QP

Tel: 0345 0154033

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

# Patient Complaint Form



*Please use this form to tell us in what way our services fell short of your reasonable expectations. Please provide as much detail as possible so that we can investigate your concerns thoroughly.*

Patient's Full Name:

Date of Birth:

Address:

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Complaint Details: (include dates, times and names of staff involved, if known)

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Signed:

Print Name:

**PATIENT THIRD PARTY CONSENT**  
*If you are complaining on behalf of a patient or your complaint or query involves the medical care of a patient other than yourself, the consent of that patient is required.*

Patient's Name

Telephone Number

Address

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Enquirer/Complainant

Telephone Number

Address

**PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW**

I fully consent to my medical and other relevant information being released to or discussed with the Enquirer/Complainant named above in relation to this complaint, and I wish this person to complain on my behalf.

- 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*)

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**Signed:** (patient)

**Date:**