**NHS Complaints Advocacy Referral form**

**Please note client name and client date of birth are mandatory fields. Failure to complete all relevant parts of the form may result in delaying the appointment of an advocate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainant Details:** | | | |
| **First name:** |  | | |
| **Last name:** |  | | |
| **Title:** |  | | |
| Preferred pronouns: *(i.e. She/He/They)* |  | | |
| **Date of birth:** *(DD/MM/YYYY)* |  | | |
| **Do you have any communication needs?** *(please select all that apply)* | | | |
| **Audio** |  | **Braille** |  |
| **BSL interpreter** |  | **Easy read** |  |
| **ESL** |  | **Gestures/facial expressions** |  |
| **Interpreter required** |  | **Large print** |  |
| **Manual alphabet** |  | **Minicom** |  |
| **Moon** |  | **Pictures/Symbols/Makaton** |  |
| **No obvious means** |  | **No communication needs** |  |
| **Home address line 1:** |  | | |
| **Address line 2:** |  | | |
| **Address line 3:** |  | | |
| **Town:** |  | | |
| **County:** |  | | |
| **Postcode:** *(Please add a space between the first half of the postcode and the second i.e. AA1 2BB)* |  | | |
| **Mobile number:** *(Do not use spaces)* |  | | |
| **Landline number:** |  | | |
| **Email:** |  | | |
| **Do you have a preferred time/day for us to contact you?** |  | | |
| **Preferred method of communicating:** *(e.g Landline, mobile, email, post, video call)* |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you complaining on behalf of someone else?** | **Yes** |  | **No** |  |
| **If you are complaining on behalf of someone else please complete the below** | | | | |
| **Patient first name:** |  | | | |
| **Patient last name:** |  | | | |
| **Patients preferred pronouns:**  *(i.e. She/He/They)* |  | | | |
| **Patient date of birth:** *(DD/MM/YYYY)* |  | | | |
| **Your Relationship to Patient:** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complaint details** | | | | |
| **NHS Care Provider complaint is about:** *(e.g: GP Surgery, Hospital, PCT)* |  | | | |
| **Name and role of NHS Staff involved in complaint:** |  | | | |
| **Brief outline of issue:** | | | | |
|  | | | | |
| **When did the treatment/incident happen?** *(day/month/year)* |  | | | |
| **Are there any meetings upcoming?** | **Yes** |  | **No** |  |
| **If yes, please specify dates:** |  | | | |

|  |  |
| --- | --- |
| **If you are a professional making a referral on behalf of someone else** *(e.g. Healthwatch / other support agency)****,* please provide your details below:** | |
| **Referrer name:** |  |
| **Referrer job title:** |  |
| **Referrer department:** |  |
| **Referrer organisation:** |  |
| **Referrer email:** |  |
| **Referrer landline:** |  |
| **Referrer mobile:** *(Do not use spaces)* |  |

**Please now complete the monitoring form on the next page.**

**Person’s Monitoring Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | | |
| **Asian/Asian British** | | **Black/ Black British** | | **Mixed** | | **White** | |  | | |
| Bangladeshi |  | African |  | British |  | British |  | Client declined | |  |
| Chinese |  | Caribbean |  | Asian /White |  | Irish |  | Not known by referrer | |  |
| Indian |  | Somali |  | Black African/ White |  | Scottish |  | Other please state: | |  |
| Pakistani |  | Other Black/ Black British |  | Black Caribbean/ White |  | Welsh |  |  | | |
| Other Asian/Asian British |  |  |  | Other Mixed background |  | English |  |
|  |  |  |  |  |  | Gypsy/ Traveller |  |
|  |  |  |  |  |  | Other White |  |  |  | |

| **Gender** | | **Sexual Orientation** | | **Religion** | |
| --- | --- | --- | --- | --- | --- |
| Female |  | Bisexual |  | Buddhist |  |
| Male |  | Gay male |  | Christian/ Catholic |  |
| Intersex |  | Lesbian |  | Hindu |  |
| Transgender |  | Heterosexual |  | Jewish |  |
| Gender Non-Binary |  | Pansexual |  | Muslim |  |
| Gender Fluid |  | Asexual |  | Sikh |  |
| Other, please state: |  | Other, please state: |  | Pagan |  |
| Client declined |  | Client declined |  | No Religion |  |
| Not known by referrer |  | Not known by referrer |  | Other, please state: |  |
|  |  |  |  | Client declined |  |
|  |  |  | | Not known by referrer |  |

| **Client Group**  *(please tick all relevant)* | |
| --- | --- |
| Acquired brain injury |  |
| Autism/Asperger’s |  |
| Cancer |  |
| Carer |  |
| Cognitive Impairment |  |
| Dual Sensory disabilities - Deaf and Blind |  |
| Hearing – Deaf – Severe hearing impairment |  |
| Hearing – Hard of hearing |  |
| HIV/Aids |  |
| HM Forces currently serving |  |
| Homeless |  |
| Learning disability/difficulty |  |
| Long term illness/condition |  |
| Marriage or civil partnership |  |
| Mental health |  |
| Mental health - Dementia |  |
| Mental health – Older peoples |  |
| Older person |  |
| Physical disability |  |
| Pregnancy/Maternity |  |
| Prisoner |  |
| Returning Citizen (Ex Offender) |  |
| Sensory impairment - Learning |  |
| Stroke |  |
| Substance misuse |  |
| Substantial difficulty |  |
| Transition - Child to Adult Services |  |
| Unconscious |  |
| Veteran |  |
| Vision – Blind – Severe visual impairment |  |
| Vision – partially sighted |  |
| Client declined / prefer not to say |  |
| No disability |  |
| Other please state: | |

**You can return this form to us by:**

Email: [NHSComplaints@pohwer.net](mailto:NHSComplaints@pohwer.net)

Fax: 0300 456 2365 or

Post: PO Box 17943, Birmingham, B9 9PB

If you have any queries about completing this form please call us on **0300 456 2370**.