**NHS Complaints Advocacy Registration Form**

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| --- | --- | --- | --- |
| **Forename:** |  | **Date of birth:** |  |
| **Surname:** |  | **Mobile:** |  |
|  | | **Landline:** |  |
| **Address Line 1:** |  | **Email:** |  |
| **Address Line 2:** |  |  | |
| **Town:** |  | **Postcode:** |  |
| **Preferred method of communication:** | Email  Text  Telephone  Mail | **Have you used Mind in Tower Hamlets and Newham services before?** | No  Yes |
| **Where did you hear about the service?** | | | |

|  |  |
| --- | --- |
| **Are you making this complaint on behalf of a friend or someone they know?** | No  Yes |
| **Are you making a complaint on behalf of a family member?** | No  Yes |
| **Are you making a complaint on behalf of a child (under 18)?** | No  Yes |

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| --- |
| **Do you require an interpreter?** if so, please tell us your preferred language and dialect |
|  |

**Declaration of consent-**

**Confidentiality policy**

Mind in Tower Hamlets and Newham (MITHN) is working in partnership with Healthwatch Newham to provide the NHS Complaints Advocacy service for residents in Newham. Information is stored and shared between MITHN and Healthwatch Newham for reporting and monitoring purposes. We respect your right to receive a confidential service and do not disclose your information to any other party without your consent. We have a confidentiality policy which all staff, volunteers and students have to comply with.

**I have read, understood and accepted the client confidentiality policy**

**Client Signature: Date:**

**Complaint Handling**

* Attitude of staff
* Unprofessional conduct
* Physical Assault
* Verbal assault
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* GP
* GP Surgery staff
* Ward Nurse/Specialist Nurse
* Ward Staff
* Consultants/Specialists
* Junior Doctors
* A & E Nurse
* A & E Consultants
* Mental Health Nurse
* Mental Health Ward staff
* Psychiatrist
* Care Co-ordinators
* Occupational Therapists
* Pharmacist
* Dentist
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PALS
* Delay of response from NHS organisation
* Lack of updates/communications
* Local resolution meeting
* Breach of 6 month response deadline
* Parliamentary and Health Service Ombudsman
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Delays and waiting times
* Booking and cancellations
* Lack of access to interpreter services
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Physical Health Assessments
* Mental Health Assessments
* Special Needs Assessments
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Injury and harm
* Misdiagnosis
* Miscarriage
* Surgical treatment
* Death
* Quality of treatment and care
* Medicine prescription
* Inadequate aftercare
* Lack of treatment options
* Lack of access to other healthcare services
* In-patient admission
* Discharge
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Subject access request
* Record of disagreement
* Inaccurate information
* Missing information
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Health Records**

**Diagnosis, treatment and care**

**Assessments**

**Behaviour of NHS Staff**

**Complaint Issue**

Please indicate the nature of your complaint and what you would like NHS complaints advocacy support with. Tick **ALL** that applies.

**NHS Employee**

**Appointments**

**Monitoring Form** Please can you **highlight or tick the answers below, this will only be used for** monitoring purposes and will help us to deal with any situations which may arise during your time with MITHN and Healthwatch Newham. Thank you for taking the time to complete this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Group** | Asian – Bangladeshi  Asian – Indian  Asian – Pakistani  Asian – Other (Specify)  Black – African  Black – Caribbean  Black – Somali  Black – Other (Specify)  White – British  White – Irish  White – Other (Specify)  Mixed Background White & African  Mixed Background White & Asian  Mixed Background White & Caribbean  Mixed Background – Other (Specify)  Chinese  Gypsy or Traveller  Other (Specify)  Did not wish to disclose | |  | **Gender** | Male  Female  Transgender  Did not wish to disclose |
|  | |
|  | **Sexual Orientation** | Bisexual  Gay  Heterosexual  Lesbian  Did not wish to disclose |
|  | | |
|  | **Religion / Beliefs** | Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No religion  Other (specify)  Did not wish to disclose |
| **Nationality** |  | |  | |
| **Marital Status** | Civil Partnership  Co- Habiting  Divorced  In a Relationship  Married  Separated  Single  Widowed  Prefer not to say |
| **Main language** |  | |
|  |  | |
| **Employment Status** | Education (Full Time)  Education (Part Time)  Employment (Full time)  Employment (Part Time)  In Training  Not in Education or Work  Self Employed  Retired | |
|  |  |
| **Mental Health/Disability /**  **Special Needs** | None  Deafness/Partial Loss of Hearing  Blindness/Partial Loss of sight  Learning Disability  Learning Difficulty  Development Disability  Physical Disability  Long Term Illness  Other (Specify) |
|  |  | |
| **Accommodation Status** | | No fixed Abode  Owner/Occupier  Rented accommodation  Supported Housing |
| **Are you a carer** | | No Yes |
| **Refugee Status** | | No Yes |