

## Complaint, Concern & Compliment Reporting & Recording Please complete this form and email to <a href="mailto:datix@pc24.nhs.uk">datix@pc24.nhs.uk</a>

If you have any queries or want to discuss the complaint/concern please call the Quality Governance Team 0151 254 2553.

Name of Service / Practice

Area:	
Is this a complaint, concern, or compliment	
Date received.	
Incident date (dd/mm/yyyy)	
Time (hh:mm)	
Designation of the person reporting this	
complaint. (patient / advocate / relative)	
Is consent required Yes/No	
If consent is required, has this been	
requested Yes/No	
Has consent been received Yes/No/	
Date consent received	
Method of receipt of	
complaint/concern/compliment:	
(verbal/letter/email/CCG/NHSE)	
Description of Complaint / Concern /	
Compliment.	
<ul> <li>Please describe the complaint details</li> </ul>	
<ul> <li>Enter as much information as</li> </ul>	
possible, and ensure the information	
is clear, accurate and contains only	
factual information, not opinions,	
Do not enter names of staff in this	
section, please use job roles only	
, , , , , , , , , , , , , , , , , , ,	
Please continue on separate piece of paper	
if necessary.	
ii necessary.	

<b>Complainants Details</b>	(person who submitted	the complaint)
Name		
Address		
71000		
Contact number		
Contact Humber		
Contact number		
	not the person affected b	by the complaint, please provide details of
If the complainant is r		by the complaint, please provide details of
If the complainant is r		by the complaint, please provide details of
If the complainant is rethe patient affected by		by the complaint, please provide details of
If the complainant is rethe patient affected by Name Date of birth		by the complaint, please provide details of
If the complainant is rethe patient affected by		by the complaint, please provide details of
If the complainant is rethe patient affected by  Name Date of birth Address		by the complaint, please provide details of
If the complainant is rethe patient affected by  Name Date of birth Address  Contact number		by the complaint, please provide details of
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Contact number	
Name	
Job Role	
Contact number	
Name	
Job Role	
Contact number	
Was anyong olso inv	alved in the incident?
was allyone else illv	olved in the incident?
Name	
Relationship to	
complaint	
(e.g. someone from	
another organisation,	
police, NWAS etc)	
Contact number	
Details of staff member r	eporting the incident
Name	
Contact No	
Email	
Job Role	
Name of your Manager:	

PLEASE RETURN COMPLETED FORM TO: <u>datix@pc24.nhs.uk</u> or PC24 Quality Governance Team, 4 – 6 Enterprise Way, Wavertree Technology Park, Liverpool L13 1FB.

## DATIX - RISK MANAGEMENT SYSTEM UNAVAILABLE

Title	DATI	ATIX – RISK MANAGEMENT SYSTEM UNAVAILABLE Doc. No. GOV003					
Version V2.0							
Supersedes			V1.0				
Approving Managers/Committee		Director of Nursing					
Date Ratified			07/05/19				
Department of Originator		Quality Governance Team	1				
Responsible Executive Director		Director of Nursing					
Responsible Manager/Support		Operational Managers					
Date Issued			07/05/19				
Next Review Date			July 2023 or sooner if changes dictate.				
Target Audience All staff			All staff	Staff			
Version	Date	Contro	Control Reason Accountable Person for this Version				
V1	7.05.2019	Formali	Formalising process across services			Paul Kavanagh- Fields	
V2.0	27.07.2020	Frist rev	Frist review of new SOP			Paul Kavangh-Fields	
Reference documents			Electronic Locations	Locatio	Locations for Hard Copies		
Corp			nary Care 24 Intranet / porate Policies/ Current PS/	Standard Operating Procedures File in all sites		Procedures	
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