

## Complaint Record Form

Use this form to record complaints and to keep track of other associated documents.  
Keep all documents relating to this complaint together in one file.

|  |  |
|--|--|
| <b>Date complaint received<sup>1</sup></b> |  |
|--|--|

|  |  |
|--|--|
| <b>Complainant</b>   |  |
| Patient's name   |  |
| Patient's address  |  |
| Fill in the next section if the complainant is not the patient. <sup>2</sup>   |  |
| Complainant's name   |  |
| Complainant's address  |  |
| Complainant's relationship with patient  |  |
| Contact telephone number   |  |
| Member of staff receiving the complaint  |  |
| Name of complaints manager <sup>3</sup> (or deputy) taking responsibility for handling this complaint  |  |
| Details of the complaint – if the complaint is made orally, make a written record of it below. If the complaint is written, keep a copy in the complaint file with this record. <sup>4</sup> |  |
|  |  |
| Members of staff/locums possibly involved in the incident complained about <sup>5</sup>  |  |
| Date <sup>6</sup> of acknowledgement   |  |
| Date of discussion with complainant to discuss handling of the complaint and agreed response period  |  |
| Agreed Response Period <sup>7</sup>  |  |



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| Recommendations/Actions  |                              |                             |
|--|------------------------------|-----------------------------|
| Recommendations <sup>12</sup>  |                              |                             |
| Has it been appropriate to seek guidance from professional indemnity insurers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, include a copy of the advice in the file <sup>13</sup>                 |                              |                             |

| Action taken in response to investigation findings   |    |      |
|--|----|------|
| Action taken   | By | Date |
|  |    |      |
|  |    |      |
|  |    |      |
|  |    |      |
| Date <sup>14</sup> written response sent to complainant  |    |      |
| If the investigation into the complaint was not concluded within the agreed response period – record the reason here |    |      |
| Closure of complaint authorised <sup>15</sup> by   |    |      |

<sup>1</sup> This is the date of receipt if the complaint is in writing, or the date when an oral complaint is made. It is an important date, because the pharmacy contractor has only a limited period to acknowledge receipt and to make a response after investigation.

<sup>2</sup> The complaint can be made by the patient or in limited circumstances by another person – see PSNC guidance document.

<sup>3</sup> The pharmacy contractor must nominate a complaints manager who is responsible for handling complaints. If a complaint is received during the absence of the complaints manager, a deputy appointed by the pharmacy contractor can take responsibility for handling the complaint.

<sup>4</sup> A complaint made orally must be summarised and put into writing by the person receiving the complaint, and then be sent by the complaints manager to the complainant.

<sup>5</sup> Normally, every person involved in an incident would receive a copy of the complaint, in order to submit comments to the complaints manager.

<sup>6</sup> The acknowledgement of receipt is required within 3 working days. If the complaint was made orally, the acknowledgement must contain a summary of the complaint that has been recorded. The acknowledgment should also invite the complainant to discuss the handling of the complaint, and the response period. See PSNC guidance document. The acknowledgement could also be made orally (but if the complaint was made orally, the complainant must be sent a written record of the complaint made).

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<sup>7</sup> If the complainant does not agree to discuss with the pharmacy contractor the manner of handling of the complaint, and agree a response period, the pharmacy contractor must write to the complainant setting out the response period.

<sup>8</sup> If it is anticipated that an investigation into a complaint will not be completed within the response period agreed with the complainant, the complainant should be kept informed, we recommend at intervals of no more than 14 days. Use this section to record such actions, as well as other actions taken during the course of the investigation. The final response to the complaint should under normal circumstances be made within 6 months – see PSNC guidance document.

<sup>9</sup> It is important to have documentary evidence of comments made about the complaint. These should be retained along with all other documents concerning the complaint.

<sup>10</sup> Meetings with the complainant may be to seek further information, or may be to attempt conciliation or mediation. The structure of these boxes can be copied for subsequent meetings.

<sup>11</sup> The summary should include facts that have been established and any identified failings in the pharmacy procedures.

<sup>12</sup> If the recommendations require amendment to Standard Operating Procedures, identify which one(s).

<sup>13</sup> Communications between the pharmacy contractor and his insurer would not normally be disclosed to a third party.

<sup>14</sup> The written response following the conclusion of the investigation must be sent within the response period agreed with the complainant, but in any event within 6 months. If this is not going to be achieved, the response period may be extended beyond the 6 month limit if the complainant agrees – but keep a record of any extension.

<sup>15</sup> Once all steps have been taken, the complaint can be closed. The responsible person must be satisfied that procedures have been followed and ensure that action has been taken if necessary in the light of the outcome of a complaint.

For further information on the requirements of the NHS complaints procedure please consult the PSNC guidance document for contractors, available on the PSNC website: [www.psn.org.uk](http://www.psn.org.uk)