**Schedule 11 Complaints Form**

**PROVIDER COMPLAINT CASE FORM**

**Provider name: Date of completion:**

**Patient Service / Users name:**

**Complainants Name: Address:**

**Postcode: Telephone: Email**:

**Date received:**

**Outline of complaint:**

**Lead organisation and lead contact**:

**Outcome of investigation:**

(Please circle)

*Upheld/ Not Upheld/ Partially Upheld/ Withdrawn*



**Action taken:**

Eg. Apology / Explanation / Change in procedures / Reimbursement / Resolution Meeting

**Lessons learnt:**

Details of investigation (please tick and fill in dates or detail as appropriate, investigation should be proportional):

|  |  |  |
| --- | --- | --- |
| **Details** | **Date** | **Additional Notes** |
| **Review of daily case notes** |  |  |
| **Assessment information** |  |  |
| **Care/Support Plan information** |  |  |
| **Telephone records** |  |  |
| **Staff interviews** |  |  |
| **Further consultation with complainant / SU** |  |  |
| **Referral to organisations policy, procedure and guidance** |  |  |
| **Obtained expert/independent advice or information** |  |  |
| **Other action [please state]** |  |  |

Please email completed forms to: [complaintsandfeedback@lancashire.gov.uk](mailto:complaintsandfeedback@lancashire.gov.uk)

**Completed by :**

**Designation:**

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