

Complaint Statement

Please refer to the Statement Writing Guidance Notes before completing your statement.

1. Complaint Details (for CSM to complete)	
Name of Patient:	Name of Complainant:
Date of Incident:	Location of Incident:
Telephone discussion offered to complainant: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no please give reasons)	
Key points from complaint: (please add additional points as necessary)	Tick which apply for this statement
1.	
2.	
3.	
4.	
5.	
2. Your details (for person completing statement to complete)	
Name:	Job title:
3. Statement	
Incident details (please refer to key points in section 1 and try to capture the events in the order they occurred. If you are including medical terminology, please include layman's terms for the benefit of the complainant. Expand this box as necessary):	Links to Key Point(s)

Complaint Statement

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4. Were any changes / actions taken as a result of this complaint? If yes, please detail:

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Your signature:

Date:

4. Were other staff members engaged with in the writing of this report yes no
(If so, please give names and job titles below)

Name	Job Title	Signature

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