



Complaints

If you have any complaints and concerns about any aspect of the care, treatment and service you have received at Dr Julia Sen Health & Wellness, please let us know so that we can address and seek to resolve these issues. Learning from complaints informs improvements and the personal and professional development of our staff.

In submitting a complaint or concern, we will ensure that you:

- will have easy access to the best and earliest resolution of your concern/complaint
- will be listened to and treated with courtesy and empathy
- will not be disadvantaged as a result of making a complaint
- will have your concern/complaints investigated promptly, thoroughly, honestly and openly, in compliance with national complaints guidance and regulations
- will be kept informed of the progress and outcome of the investigation
- are assured that actions to rectify the cause of the complaint are identified, implemented and evaluated
- are assured that the handling of your concern/complaint will be compliant with legal confidentiality and data protection policies

COMPLAINTS PROCESS

Acknowledgement of a concern/complaint will be submitted within three working days by telephone, email or post. We may also contact you to obtain further details in order to best investigate the issue. A formal response will be issued within 25 days.

www.drjuliasen.co.uk | hello@drjuliasen.co.uk | 07939 286850

52 Barbourne Road, Worcester WR1 1JA

COMPLAINT FORM

Patient's Details		Complainant's Details <i>if <u>not</u> the patient</i>	
First Name		First Name	
Last Name		Last Name	
Date of Birth		Date of Birth	
Address:		Address:	
Phone		Phone	
Email		Email	

Equality Access Monitoring

You are not obliged to submit this information but doing so allows us to ensure that we are providing equitable service for all patients, regardless of gender, race or disability.

	Age: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>
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White	Mixed	Asian Or Asian British	Black Or Black British	Other
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Kurdish <input type="checkbox"/> Turkish <input type="checkbox"/> Jewish <input type="checkbox"/> Traveller <input type="checkbox"/> Other not listed <input type="checkbox"/> Rather not say

COMPLAINT DETAILS

I am writing to complain about the treatment at **(insert) NAME OF PLACE, WHERE INCIDENT HAPPENED.** (If you are complaining about a particular member of staff, also include their name and title if known).

(Insert here) **DETAILS OF WHAT HAPPENED, WHEN IT HAPPENED, AND WHERE IT HAPPENED.** (Include names and titles of people involved, if relevant. If the events are very detailed enclose further background information on separate sheets and to this form. Don't leave out relevant information or any part of your complaint).

(Insert here) **DETAILS OF WHY YOU ARE NOT SATISFIED.** (If you wish to complain about a number of matters, list the most important ones first. Try to be clear and concise in the points you make).

(Insert here) **SPECIFIC QUESTIONS YOU WOULD LIKE ANSWERED.** (List them in order of importance).

(Insert here) **DETAILS OF WHAT RESULTS YOU WANT FROM YOUR COMPLAINT.** (These might include, e.g. an apology, an explanation, action to put things right, reassurance that the same thing will not happen to someone else).

Complainant Signature		Date	
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PATIENT THIRD PARTY CONSENT

[To be completed by the Patient]

Patient's Full Name			
Patient's Telephone Number			
Patient's Address			
Name of Complainant			
Complainant's Telephone Number			
Complainant's Address			
<p>If you are complaining on behalf of a patient the consent of the patient will be required. Please obtain the patient's signed consent using this third party consent form.</p> <p><i>"I wish this person to complain on my behalf and I authorise and fully consent to Dr Julia Sen Ltd releasing information to and discussing my care and medical records with the person named above in relation to this complaint only.</i></p>			
Patient's Signature		Date	

Please forward completed form either by email to hello@drjuliasen.co.uk or by post to:

Dr Julia Sen Health & Wellness

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Worcester. WR1 1JA

