#### DRAFT COMPLAINTS LETTER

Complaints Manager Name (If Known) Hospital/GP/Medical Centre Address Hospital/GP/Medical Centre Address

[Date of Writing]

Dear Sir/Madam,

# **Expression of Dissatisfaction / Request to Put Matters Right**

I am writing to you today to make a formal complaint about treatment I received under your care on [insert date]. I want to move positively forward to achieve access to treatment to help me with my condition and improve my quality of life.

Set out how you would like the treatment to be improved. Do you want it closer to home, or quicker or in some way different? Explain with as much detail as possible.

# **History**

Give a timeline of the circumstances, with as much detail as possible.

Try to be clear on the dates of events, names of procedures, any tests and procedures which were carried out, and any diagnoses you have received.

Explain how you came to be in the situation you are in and what the difficulties are. What do you think has gone wrong?

What do you think this has caused? Has this caused emotional upset? Has it caused avoidable pain and suffering?

# **Current Position**

Explain the position that you are in now.

# **Desired Outcome**

Explain what you would like to achieve from this complaint.

Do you believe that you require further treatment, and would like to request this?

Do you want to draw attention to the care that you have received, to improve future practice?

Do you want to better understand the care that you have received?

Please set out a date for a response. We suggest this should be not less than 14 days, perhaps 28, but your health situation will be relevant when considering this.

If you are complaining on behalf of someone else, you should include their written consent within the letter. If the person cannot give their consent – for example, if they have died or lack mental capacity, or are a child who cannot complain for themselves, you may be able to complain for them.

Yours faithfully,

[Insert name]