

Are there any specific questions you want us to answer?  
What would you like to happen?

### Authorisation to investigate

Consent is required for ESNEFT to investigate and share details of the concerns raised with relevant and appropriate healthcare organisations where necessary. By signing this form, it is understood that the sharing of information may mean that personal information about the patient, including medical details, may be reviewed as part of the investigation.

#### Authorisation A: To be signed by the patient

Full name (in capitals):

Signature:

Date:

**Authorisation B: If you are complaining on behalf of someone else** (if the patient has passed away the patient's Power of Attorney will be required to sign or the named next of kin if there is no POA in place)

Complainant's full name (in capitals):

Signature of complainant:

Patient's full name (in capitals):

Signature of patient:

Next of kin's full name (in capitals):

Relationship to patient:

Signature of next of kin:

Date:

If you feel you would like someone from an independent organisation to help you with your complaint you may contact the NHS Complaints Advocacy Service.

The contact details for **Ipswich Hospital** complaints are:

#### VoiceAbility

Mount Pleasant House, Huntington Road, Cambridge CB3 0RN

Tel: 0300 330 5454

Website: [www.nhscomplaintsadvocacy.org](http://www.nhscomplaintsadvocacy.org)

Email: [nhscomplaints@voiceability.org](mailto:nhscomplaints@voiceability.org)

The contact details for **Colchester Hospital** complaints are:

#### Essex All Age Advocacy

Saxon House, 27 Duke Street, Chelmsford CM1 1HT

Tel: 0300 7900 559

Website: [www.rethink.org](http://www.rethink.org)

Email: [essexadvocacy@rethink.org](mailto:essexadvocacy@rethink.org)

#### Can I take my complaint any further?

We sincerely hope we will be able to resolve your complaint to your satisfaction. However, if we are unable to reach a mutually acceptable conclusion, you can write to the Parliamentary and Health Service Ombudsman and ask them to consider taking your complaint further. The Ombudsman is completely independent of both the NHS and the Government and can be contacted as follows:

#### Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London SW1P 4QP

Helpline: 0345 015 4033

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Issued by:

East Suffolk and North Essex NHS Foundation Trust  
Colchester Hospital, Turner Road, Colchester CO4 5JL  
Ipswich Hospital, Heath Road, Ipswich IP4 5PD  
[www.esneft.nhs.uk](http://www.esneft.nhs.uk)



# How to make a complaint



## We welcome your opinions on the service we provide

If there is something you are unhappy with, we would like to know about it so that we can try to put matters right, both for you and for future patients. We believe that every complaint is an opportunity for us to review and improve the quality of our services so that we can make sure we are offering what you need.

We know that people can be worried when they raise a concern or complaint about their care or the care of someone close to them. Please be assured that we want to resolve the concerns you raise to your satisfaction to try and make sure it does not happen again. We can only improve our services if we know about the things which are worrying you. The fact that you have complained will never adversely affect anyone's treatment.

## How to complain

If you are concerned about your care, or any of the services provided, please feel free to speak to a member of staff on the ward or in the department. Many concerns can be solved by talking things through with members of the team looking after you or someone you care about. Misunderstandings can easily happen and sometimes, can just as easily be put right.

If you would rather talk to someone from outside the ward or department, you can contact our Patient Advice and Liaison Service (PALS). The PALS team is employed by East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and provides support to patients, their families and visitors in resolving concerns. Please ask a member of staff to direct you to their office.

Sometimes it is not possible to speak to a PALS officer immediately, so you may prefer to telephone **01473 704781** (Ipswich) or **01206 742683 or 746448** (Colchester). These lines have an option to leave a message if the PALS officers are unable to take your call. Please leave your name and a telephone number and one of our PALS officers will return your call as soon as possible.

The PALS offices are open Monday to Friday, 9am–4pm, excluding bank holidays.

You can also send an email to PALS, the email address is: **pals@esneft.nhs.uk**

Please specify in the subject field whether your email relates to Ipswich or Colchester Hospital.

If you do not think PALS is right for your situation or you are not satisfied with the outcome of discussions with the PALS officer, you have further options.

## How to take a complaint further

You can contact us via email at [complaints@esneft.nhs.uk](mailto:complaints@esneft.nhs.uk) Please specify in the subject field whether your email relates to Ipswich or Colchester Hospital.

Or you can contact the specific hospital at:

**Ipswich Hospital Complaints Department (S617)**  
Ipswich Hospital, Heath Road, Ipswich, Suffolk IP4 5PD  
Tel 01473 703797 or

**Colchester Hospital Complaints Department**  
Villa 2, Colchester Hospital, Turner Road, Colchester, Essex CO4 5JL  
Tel 01206 742881 or 01206 746448

Once your complaint has been received we will send you a letter confirming receipt of your complaint within three working days with an information leaflet. You should also receive a telephone call from a manager to ensure we fully understand your concerns.

Normally there should not be more than 12 months between the event occurring and your complaint about it.

## Complaints Form

If you need any assistance filling in this form please contact our Complaints Department on **01473 703797** (Ipswich) or **01206 742881** (Colchester). **Please remember it is essential that we have authority to investigate your concerns therefore we need the appropriate signature on the back of this form.**

### Your details

Mr/Mrs/Miss/Ms/Other (please state):

Name:

Address (including postcode):

Contact telephone number(s):

Email address:

Date of birth:

Hospital/NHS no (if known):

### Complaining on behalf of someone else

If you are making this complaint on behalf of somebody else, please provide their details below:

Mr/Mrs/Miss/Ms/Other (please state):

Name:

Address (including postcode):

Date of birth:

Hospital/NHS no (if known):

What is your relationship with this person?

Does your complaint relate to a particular ward or individual? If so please specify:  
Please provide details of your complaint:

Please detach here

