



THE BRITISH SCHOOL OF OSTEOPATHY

FORMAL PATIENT COMPLAINT FORM

This form is designed for use if you have a complaint that cannot be satisfactorily resolved informally and you wish to **complain formally**.

The details of the formal complaints process can be found within the British School of Osteopathy patient complaints policy accompanying this form.

To help us understand your complaint and deal with it efficiently please give as much detail as you can. Please complete this either in blue or black ink, **IN CAPITALS**. If you are unsure about anything and would like to speak with someone about completing this form then please call the BSO's Patient Complaints Officer, Phil Heeps (020 7407 0222 ext 5353)

To be completed by the complainant or their representative

Your details:		
YOUR TITLE:	e.g. Mr, Mrs, Miss, Dr etc	male / female (please circle)
YOUR FULL NAME:		
YOUR CONTACT ADDRESS:		
YOUR CONTACT HOME PHONE:		
YOUR CONTACT MOBILE PHONE:		
YOUR CONTACT E-MAIL (if you have one):		
If you are complaining on behalf of a patient then please state your relationship to them:	e.g. relative, carer, next of kin, solicitor	

To be completed by the complainant or their representative

Details of the patient (if different from above)		
THE PATIENT'S TITLE:	e.g. Mr, Mrs, Miss, Dr etc	male / female (please circle)
THE PATIENT'S NAME:		
THE PATIENT'S CONTACT ADDRESS:		
THE PATIENT'S DATE OF BIRTH:		

Consent

If you are complaining on behalf of a patient then you will need to get them to declare that they consent to this and they will need to sign the declaration box below.

I agree for(name of complainant) to make this complaint on my behalf and agree that they may see information that is relevant to the complaint.

Signed.....(by the patient)

Date.....

To ensure that you are able to make a fully informed complaint it is recommended that you read the full BSO patient complaints policy document.

I hereby declare that I have read a copy of the full British School of Osteopathy Complaints procedure.

Signed.....

Date.....

To be completed by the complainant or their representative

DETAILS OF THE COMPLAINT:

Please describe the nature of your complaint as fully as possible, including details such as when and where and who was involved.

If needed, please use separate sheets and attach these securely to this form.
Please tick here if you have used separate sheet (s):

Did you speak to anyone informally at the time to help you these concerns? Yes/No

If yes, please complete the following:

Include the staff or students' name, post, and whether this was in general clinic or a specialist clinic if possible:

Please describe any action that was taken at the time to resolve your complaint:

If you have any relevant documents such as letters or medical records that may support your complaint, then please list them here and enclose copies of them when you return your form.

How do you propose the complaint could be resolved to your satisfaction?

Consent and Declaration:

For the BSO to deal appropriately with your complaint, we will need to disclose the details of it to the staff and students involved and their line managers. We are unlikely to be able to proceed any further with your complaint unless you sign and date this section.

I agree that the BSO can disclose my complaint and any information that I have given, to the staff and students involved. I also agree that the staff and students can disclose any relevant information regarding my case so that my complaint may be fully investigated.

Signature of complainant or patient (as authorised on Page Two of this form):

Signed:.....

Date:.....

Checklist:

Have you:

- Given clear details of how to contact you (or the complainant if different to the patient)?
- Had the patient sign the declaration statement if you are complaining on their behalf?
- Described the complaint as fully as possible?
- Attached additional sheets if used?
- Enclosed any relevant documents such as letters or medical records?
- That the consent and declaration section has been signed?

Where to return this form to:	What happens next:
<p>Mr Phil Heeps Patient Complaints Officer The British School of Osteopathy 275 Borough High Street London SE1 1JE Email: patientcomplaints@bso.ac.uk Tel: 020 7089 5353</p>	<p>You should receive a verbal or written acknowledgement of your concerns within two working days of a complaint being received.</p> <p>You would normally receive a written decision to your complaint within twenty five working days of the BSO receiving the complaint.</p>

FOR OFFICE USE ONLY (PATIENT COMPLAINTS OFFICER):

DATE RECEIVED:	ACKNOWLEDGEMENT SENT:
Action Notes:	Action Notes