**A close up of a logo

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**NHS Complaints Advocacy referral form**

Please complete this form in full and return it to [advocacy@weareecs.co.uk](mailto:advocacy@weareecs.co.uk) or return by post to: **Healthwatch Halton Advocacy HUB, Suite 5, Foundry House, Widnes Business Park, Waterside Lane, Widnes WA8 8GT**

If you need support to complete this form, please contact us on **0151 347 8183**

|  |  |
| --- | --- |
| Client Name: |  |
| Date of Birth |  |
| Gender |  |
| Address (inc postcode) |  |
|  |  |
|  |
| Telephone Number: | |
| Email address: | |
| Do you have a preferred time/day for us to contact you?: | |

|  |  |
| --- | --- |
| Are you complaining on behalf of someone else? | |
| Patients name |  |
| Patient’s Relationship to Client |  |
| Patient Date of Birth |  |

|  |
| --- |
| NHS Care Provider complaint is about (e.g.: GP Surgery, Hospital, PCT) |
| Name of NHS Staff involved in Complaint: |

|  |  |  |
| --- | --- | --- |
| Brief Outline of Issue |  | |
| When did the treatment/incident happen? (day/month/year) | |  |
| Are there any meetings upcoming? | |  |

|  |
| --- |
| Do you have any specific communication needs  Yes  No  If Yes, please specify |

Please note, we will contact you within 2 working days of receipt of your referral.