**North Central London Integrated Care Board (NCL ICB)**

**Complaint/Concern Form**

|  |  |
| --- | --- |
| Full Name of Complainant: |  |
| Preferred Title: |  |
| Complainant email address: |  |
| Complainant Phone number: |  |
| Date:  |  |

**If complaining on someone’s behalf**

|  |  |
| --- | --- |
| Full Name of Patient: |  |
| Preferred Title: |  |
| Patient email address: |  |
| Patient Phone number: |  |
| Relationship to Patient: |  |

**Complaint/ Concern Details:**

1. **Please can you tell me which service you have concerns about?**

Name of provider/s

Address of provider/s

Borough Provider is in

1. **Have you already contacted the service provider with the concerns you are raising, and have you received a formal written response?**
2. **Can you tell me when the event/incident occurred and was this within the last 12 months?**
3. **Explain to me who you wish to raise the concern against please, the name of the individual(s) if known**
4. **Could you describe a brief overview or summary of your concerns, and can you explain to me what you are unhappy with?**
5. **What would you like as an outcome from making your complaint**

Please return this completed form to nclicb.complaints@nhs.net