



Health and Social Care Ombudsman Body

The Independent Ombudsman Body for Health & Social Care Complaint Form

Please complete every section of the form.

Name:
Address:
Telephone:
Email:

Please identify the service you have complained about.

Has this matter been considered in a court?	
Do you plan to raise this matter in court?	

Eligibility

Please tick the box/boxes that best describe your status in relation to the complaint:

I am the person receiving/have received a service	
I am the person affected by or likely to be affected by any act, omission or decision of the service provider	
I am a representative of a person who:	
• has died	
• is a child	
• is not able to represent themselves	
• has requested a representative to act on their behalf	
• where appropriate please confirm that the person you are representing has given consent	

Please include here any additional information about your status

Prematurity

**Has your complaint:
been investigated under the relevant service providers Complaints procedure and a final
decision* reached that you are not satisfied with?**

Or

**has the service provider not complied with its own complaints procedure or rejected your
complaint * for a reason you are unhappy with?**

***Please include a copy of your original complaint letter and the final letter from the service
provider**

Please provide details here

Timeliness

**When did you first become aware of the matter about which you have complained, and/or
when did you receive a final decision in writing about your complaint from the service provider**

Please provide the details here

If you have known about this for more than 12 months please tell us why you are bringing this to us now?

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Please list what you think the organisation has done wrong (minimum 20 words, maximum 500 words).

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How has this affected you? (minimum 20 words, maximum 500 words)

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Remedy & Redress

Please tell us what would resolve the complaint or what outcome you want us to achieve, subject to the limits of the powers of the [Ombudsman](http://www.gov.im/hscob) at www.gov.im/hscob e.g. it cannot award compensation, or recommend disciplining or dismissal of employees.

Please provide detail here

[The NHS \(Complaints\) Regulations 2022](#) places an obligation on the HSCOB to offer the opportunity to meet with it during its initial assessment of your complaint. Such a meeting at this stage would not preclude a meeting at a later stage to obtain information or clarification, should your complaint be accepted. Please indicate by circling the appropriate response should you wish to meet at this stage.

YES

NO