

PATIENT COMPLAINT

If you are unhappy about the service you have received from your Student Practitioner or Lecturer on an Apprenticeship Day, then we would suggest that you follow the following procedure.

HOW TO COMPLAIN

If the situation arose in the Student Clinic, please ask to speak to the Clinic Supervisor and Student Practitioner and they will endeavour to resolve the issues with you there and then. If they are unable to resolve the matter on the day due to time constraints, they will arrange a time to resolve the issue at the next earliest opportunity.

If the situation arose on the Apprenticeship Day, please speak to the Lecturer treating you, once again if the issues cannot be resolved on the day, we will arrange a meeting to resolve the matter at the earliest opportunity.

If you wish to make a formal complaint, please do so AS SOON AS POSSIBLE - ideally within a matter of a few days. This will enable us to establish what happened more easily. You should address your complaint in writing, either electronically by emailing cca@citycollege.ac.uk or by post [The City College of Acupuncture, 55 East Road, London, N1 8PP](#) (Please use the **Patient Complaint Form** enclosed). They will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality. If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed unless they are incapable (because of illness or infirmity) of providing this. A Third-Party Consent Form is provided below.

WHAT WE WILL DO

We will acknowledge your complaint within five working days and aim to have fully investigated within five working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish. When we review your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practical investigations.

PATIENT COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Telephone:

Email:

COMPLAINT DETAILS

DATE/S:

TIME/S:

Location: **Student Clinic** or in-class **Apprenticeship Day** (please circle)

Name/s: (of our College personnel, if known)

.....
(Please continue overleaf if necessary)

Complaint - Circumstances of the Event

Patient Signature:.....

Print Patient Name.....

Date:.....

PATIENT COMPLAINT PATIENT NOMINATED THIRD-PARTY CONSENT FORM

If you are complaining on behalf of a Patient, or your complaint or enquiry involves the medical care of a Patient, then the full written consent of the Patient must be obtained, in order for you to act on their behalf.

Patient Full Name:

Date of Birth:

Address:

Telephone:

Email:

I fully consent to The City College of Acupuncture releasing information to, and discussing my care and medical records with, the person named in the following Nominated Third- Party Details in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (please delete as chosen)

Where a limited period applies, this authority is only valid from today's date until:

..... (please insert the limited period expiry date)

Patient Signature:

Date:

NOMINATED THIRD-PARTY DETAILS

Nominated Third-Party Full Name:

Nominated Third-Party Date of Birth:

Nominated Third-Party Address:

Nominated Third-Party Telephone:

Nominated Third-Party Email:

Nominated Third-Party Signature:

Date: