*Your Name*

*Your Address*

 *Your Telephone Contact*

*Date*

***Name of Organisation***

***Address***

*Trust Chief* Executive

***or***

*GP or dental practice Complaints Lead or addressed to the GP or dentist personally*

**Letter of Complaint**

Dear Sir/Madam

**Name: ……………………..**

**DOB: ………………………..**

**Hospital No.   ………………** *(If known)*

I am writing to complain about the treatment I received at *(Insert where treatment took place and date of incident)*

Circumstances

*Set out the sequence of events and what happened to you giving dates (and times if appropriate). Include the names and positions of all individuals involved if you know this information (it may be contained in discharge summaries from hospital).*

My Concerns

*Provide an explanation here as to why you are dissatisfied with your care e.g.*

*“I was discharged from hospital with an open wound and told that it was healing normally. Three months later I have still not healed fully and the wound is open and unsightly.*

In order to understand what happened I would like the following concerns and specific questions investigated and answered:

Set out the specific questions you would like answered:

1.

2.

3.

I look forward to receiving your acknowledgement of this letter within 14 days and I would appreciate it if you would carry out a full investigation into my concerns and questions above and provide a full response in accordance with the NHS Complaints Procedure.

Yours sincerely,

*Your Name*

*(If you are complaining on behalf of someone else then they should also sign the letter. If they are unable to do so such as a child or someone who is incapacitated or dead, then the Next of Kin should sign)*