

DR JAS GILL

MEDICAL AESTHETICS

COMPLAINTS: TURNING CONCERNS INTO IMPROVEMENTS

At Dr Jas Clinic, we are committed to providing you with the very best care, treatment and service. Your experience with us is of utmost importance, and we want to ensure that it exceeds your expectations.

However, we understand that there might be instances where you may have concerns or complaints. Your satisfaction is at the core of our mission and your feedback fuels our commitment to excellence, helping us learn and enhance our services and professional development. If you have any concerns, please complete our Complaint Form below.

When you choose to share your complaint with us, we will ensure:

You have easy access to the best and earliest resolution.

You will be listened to and treated with courtesy and empathy at all times.

You will not be disadvantaged as a result of making a complaint.

Your complaints will be investigated promptly, thoroughly, honestly and openly, following national guidance and regulations.

You will be kept informed of the progress and outcome of the investigation.

Actions to rectify the cause will be identified, implemented and evaluated.

The handling of your complaint will be compliant with legal confidentiality and data protection policies.

Acknowledgement of a complaint will be submitted within three working days by telephone, email or post. We may also contact you to obtain further details in order to best investigate your issue. We always aim to issue a formal response within 25 days.

COMPLAINT FORM

Patient's Details		Complainant's Details <i>if <u>not</u> the patient</i>	
First Name		First Name	
Last Name		Last Name	
Date of Birth		Date of Birth	
Address:		Address:	
Phone		Phone	
Email		Email	

Equality Access Monitoring

You are not obliged to submit this information but doing so allows us to ensure that we are providing equitable service for all patients, regardless of gender, race or disability.

	Age: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>
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White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	Mixed <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> Other	Asian Or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	Black Or Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other	Other <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Kurdish <input type="checkbox"/> Turkish <input type="checkbox"/> Jewish <input type="checkbox"/> Traveller <input type="checkbox"/> Other not listed <input type="checkbox"/> Rather not say
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COMPLAINT DETAILS

I am writing to complain about the treatment at **NAME OF PLACE, WHERE INCIDENT HAPPENED**. If you are complaining about a particular member of staff, please include their name and title if known.

DETAILS OF WHAT HAPPENED, WHEN IT HAPPENED AND WHERE IT HAPPENED. Include names and titles of people involved, if relevant. If the events are very detailed, please include further background information on separate sheets.

DETAILS OF WHY YOU ARE NOT SATISFIED. If you wish to complain about a number of matters, list the most important ones first. Please be clear and concise.

SPECIFIC QUESTIONS YOU WOULD LIKE ANSWERED in order of importance.

DETAILS OF WHAT RESULTS YOU WANT FROM YOUR COMPLAINT These might include an apology, an explanation, action to put things right, reassurance that the same thing will not happen to someone else.

Complainant Signature		Date	
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PATIENT THIRD PARTY CONSENT

[To be completed by the Patient]

Patient's Full Name			
Patient's Telephone Number			
Patient's Address			
Name of Complainant			
Complainant's Tel Number			
Complainant's Address			
<p>If you are complaining on behalf of a patient the consent of the patient will be required. Please obtain the patient's signed consent using this third party consent form.</p> <p><i>"I wish this person to complain on my behalf and I authorise and fully consent to Dr Jas Gill releasing information to and discussing my care and medical records with the person named above in relation to this complaint only."</i></p>			
Patient's Signature		Date	

Please forward completed form either by email to jaskirangill3@gmail.com or by post to:
Dr Jas Gill Clinic, Chamberlain Clinic, 81 Harborne Road, Birmingham, B15 3HG