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 **Complaints Office**

4th Floor, Salton House

St Mary’s Hospital

Praed Street

London

W2 1NY

**Patient authorisation for investigation of a complaint under the NHS Complaints Regulations.**

NHS complaints regulations state that when concerns are raised about the care and treatment received by someone other than the complainant, we must obtain the patient’s consent before we can investigate. Please complete the form below.

Person raising concerns…………………………………………………………………………….

Patient…………………………………………………………………………………………………

Relation……………………………………………………………………………………………….

Hospital Number / NHS Number …………………………………

I, …………………………………………………………………. give my consent for the concerns expressed by my representative to be investigated in accordance with the NHS Complaints Regulations. I authorise that personal information about my care and/or treatment, in relation to the complaint made on my behalf, may be shared with the person named below and that the reply to the complaint should be sent to them.

**Any further comments or requests**

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Name: ……………………………………………………………………………………………….

Address: …………………………………………………………………………………………….

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| --- | --- |
| Patient signature:  | Date: |
| Print patient name: |

Please return this form by post to: Complaints Office

4th Floor, Salton House

St Mary’s Hospital

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London

W2 1NY

Or via email at: complaints@imperial.nhs.uk