

Advocacy for All

Bromley Health Complaints Advocacy Referral & Consent Form

Health Complaints Advocacy can:

- Help you to complain about any NHS funded service you have received
- Support you to write letters or attend meetings about your complaint
- Provide templates and guidance for you to make your own complaint
- Give you information about where and who to complain to

**** You must live within the borough of Bromley to receive Health Complaints Advocacy.**

The NHS service that you complain about **does not** have to be within the **Borough of Bromley**.

Please complete sections 1-6 on the following pages



If you **need help** with this form call us on **0345 310 1812 option 6 (Bromley)**



Monday to Friday between 9am and 5pm



Or you can ask **someone you trust to help you**



Find this referral form at www.advocacyforall.org.uk/nhs/bromley



Send your completed referral form to:
bromleynhscomplaints@advocacyforall.org.uk











Advocacy for All, Bromley NHS Health Complaints, Civic Centre, St Mary's Road, Swanley, BR8 7BU

Section 1: Please put **your details in this section**

* We provide a fair and equal service to everybody.

By providing the information below you are helping us to do this.

	Name including title Mr, Mrs, Ms	
	Address	
	Telephone	
	Mobile	
	Date of Birth	
	Email	
	Age	
	*Gender	
	*Preferred pronoun She/He/They	
	*Ethnicity	
	*Sexuality	
	*Religion/Faith	
	*Main disability, if any	
	*Second disability, if any	
	How did you hear about us?	
	Please tell us if you have any needs we should know about	
	Preferred Language:	
	Preferred method of communication: eg Sign language, written, telephone, text	

Section 2: If you are complaining on behalf of someone else please put **their details in this section**



Their name	
Their address	
Their telephone	
Their mobile	
Their email	
Your relationship to the person	
Has the person agreed to this complaint	YES / NO / Deceased Other:
Please tell us if they have any needs we should know about	

Section 3: Complaint details



Where - Name of NHS Service you wish to complain about	
Address of service	
Who - Name of NHS staff member, department etc	
When did the incident happen	
NHS number, if known	



Please summarise your **complaint** here:

Section 4: Outcomes

Have you already raised a complaint?	Yes / No
Have you received a response? (Please provide a copy if you can)	Yes / No
Do you have any reference numbers?	Yes / No
Reference Number:	



What outcome do you expect from the complaints procedure?

(e.g. an apology, an explanation, answers to specific questions, action to put things right, an assurance that the same things won't happen to someone else)

Section 5: Privacy Statement



Advocacy for All takes information security very seriously and we are committed to protecting and respecting your privacy at all times.

What information do we collect from you?

We may collect personal information about you when you visit our website or social media pages. We may also record it when you contact us regarding one of our services or to make a referral, for example. We will only collect necessary information to provide the appropriate service(s), and will store and process it securely.

If you do not wish to provide your personal information, please let us know. This may mean that we are not able to process your request, and we will tell you if so.

How we use your information

The personal information you supply to us may be used in several ways. For example:

- to process a referral;
- to send you information you have requested;
- to process a job application;
- to carry out our obligations within a contract;
- to process and fulfil your enquiry.

In some cases, we are required by law to hold information to fulfil statutory obligations. However, we will only keep personal information for as long as we need to and then we will destroy it securely.

Sharing your information

We will not share your personal information to any organisation or person outside Advocacy for All without your consent, except:

- to help prevent fraud;
- to fulfil safeguarding obligations;
- to carry out contractual obligations;
- if required to do so by law.

Further information or Reporting a problem

For further information on how your information is used, how we maintain the security of your information and your rights to access your information, please contact us. Equally, if you have a complaint regarding how we process your personal information, please write to the **Chief Executive Officer at Advocacy for All, The Civic Centre, St Mary's Road, Swanley, Kent, BR8 7BU**. Alternatively, you may contact the [Information Commissioner's Office \(ICO\)](#).

You have the right to ask for a copy of the information that we hold about you and to ask us to make corrections. Please write to us to do this at the address above.

Changes to our privacy notice

We keep our privacy notice under regular review and update accordingly.

Section 6: Consent form



The **Data Protection Act** says we need to make sure you agree that we can **keep personal information** about you.

This form will be given with your consent and prior agreement to everyone with whom your advocate liaises about your complaint, to provide evidence to them that you wish the advocate to support you.

CONFIDENTIALITY STATEMENT: Advocacy for All is a confidential service; anything that you tell us will be kept confidential unless you tell an Advocacy for All advocate something which leads them to believe that you intend to cause harm to yourself or that of another person. In this case the advocate will need to raise a Safeguarding alert and discuss the case with their line manager and Safeguarding teams who may contact you.

All records are kept in accordance with Data Protection legislation

If you are the person making the complaint please complete and sign here:

Name:

Address:

..... **Post Code:**

Date of birth:/...../.....

Please sign this declaration to confirm that you would like the support of an advocate to complain about a service or treatment you received.

I authorize Advocacy for All to work with me, liaise with appropriate others with my prior agreement about my complaint, and to request, receive and hold any information as may be relevant to my complaint.

Signature: **Date:**.....

If you are making the complaint on behalf of the someone else, please fill in the following sections (other person to sign here if they are able)

Name of person complaint is about:.....

Date of birth of person complaint is about:.....

Has the other person agreed to this complaint proceeding and you making the complaint on their behalf? **YES / NO / DECEASED**

Person's address (if different from yours):

..... **Post code:**

Your relationship to the person:

If applicable, the other person to sign here: