**Health Complaints (Trafford)**

|  |  |
| --- | --- |
| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Current location if different from permanent address:** |  |
| **Telephone number:**  |  |
| **Mobile number:** |  |
| **Email address:**  |  |
| **Disability or impairment:**  | [ ]  Learning disability[ ]  Acquired brain injury [ ]  Autistic spectrum disorder[ ]  Dementia[ ]  Neurological conditions[ ]  Stroke[ ]  Mental health condition [ ]  Sensory impairment [ ]  Long term health condition [ ]  Physical disability [ ]  None [ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Gender:** | [ ]  Female[ ]  Male [ ]  Non-binary[ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Pronouns:** | [ ]  He/him [ ]  She/her [ ]  They/them  |
| **Sexual orientation:**  | [ ]  Bisexual[ ]  Heterosexual[ ]  Lesbian or gay[ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **How does the person communicate?**  | [ ]  English[ ]  Other spoken language, **please specify:** [ ]  British Sign Language[ ]  Words/pictures/Makaton [ ]  Gestures/expressions/vocalisations[ ]  Not listed, **please specify:** [ ]  No obvious means of communication |
| **Ethnic origin:**  | [ ]  Arab/British Arab[ ]  Asian/British Asian [ ]  Black/Black British[ ]  Gypsy/Roma/Traveller[ ]  Mixed heritage[ ]  White British – English, Welsh, Scottish, N. Irish[ ]  White – Irish [ ]  White Other [ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **Religion or belief:**  | [ ]  Atheist[ ]  Baha’i [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Humanist[ ]  Jewish[ ]  Muslim[ ]  Pagan[ ]  Not listed, **please specify:** [ ]  Prefer not to say[ ]  No religion or belief |
| **Have you or any of your family served in the armed forces?** | [ ]  Yes[ ]  No |

|  |
| --- |
| **Are you making the complaint on behalf of someone?** |
| **Name:**  |  |
| **Relationship:** |  |
| **Has their consent been obtained, where possible?**  | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| **Who is the complaint about?**  |  |
| **What are the names of any staff involved?**  |  |

|  |  |
| --- | --- |
| **Outline of the issue:** |  |
| **When did the treatment/incident occur?** |  |
| **Do you have any upcoming resolution meetings?**  |  |

|  |
| --- |
| **What outcome are you hoping to achieve?**  |
|  |

|  |
| --- |
| **Any further information relevant to the complaint:**  |
|  |

|  |
| --- |
| **Consent:**  |
| Because of the GDPR (2018), we need signed authorisation to say that people agree to Advocacy Focus holding personal information (including the information on this form) |
| **Does the person have capacity to consent to the referral?** | Yes [ ]  | No [ ]  |
| **If yes, has consent been obtained?** | Yes [ ]  | No [ ]  |
| **Signature:**  |

|  |
| --- |
| **If you are referring on behalf of someone else, please provide your details below:** |
| **Name:**  |  |
| **Address:** |  |
| **Telephone:**  |  |
| **Signature:** |  |

**Once this form is complete, please email it to: admin@advocacyfocus.org.uk**