**Health Complaints (Trafford)**

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| **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  Female, Male at birth  Male, Female at birth  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 |

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

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

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

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| **What outcome are you hoping to achieve?** |
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| **Any further information relevant to the complaint:** |
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| **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**