

# Severn Hospice

## Complaints Procedure

*For users of Severn Hospice services*

Severn Hospice strives to provide the best possible standard of service to meet the needs of patients, their relatives and friends. Your views can be very useful in helping us to identify any aspect of our service provision which may need to be improved.

Should you feel that you need to complain about the service you have received please do not hesitate in letting the staff know. In the case of a very ill person, it may be appropriate for a relative or friend to act on behalf of the patient.

All complaints are handled with utmost confidentiality. Only those members of staff directly involved will know any details.

In most cases it should be possible to deal with your complaint straight away, in which case you will receive a written reply within two working days.

If your complaint cannot be resolved immediately the appropriate senior member of staff will be informed who will further investigate and will let you know the outcome, in writing, within twenty working days. If your complaint cannot be resolved within twenty working days you will receive a letter explaining progress thus far. Once the complaint has been fully investigated you will receive a full written reply within five days.

This will outline action we have taken to minimise further occurrence of the situation.

It is the policy of Severn Hospice to welcome comments regarding the service we provide, whether positive or negative. It enables us to constantly monitor and update the quality of our service provision.

If you wish to make a comment or complaint about any aspect of the service you have received please complete this form and hand it to any member of staff, post it to Severn Hospice (address below), or place it in the suggestion box.

**Date and Time** .....

**Department** .....

**Staff involved** (You need not specify staff if you do not wish to, but it may be helpful in answering your query)

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Please provide as much information as you can about the incident/complaint. If necessary continue overleaf.

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**In order that we can respond to your comment/complaint please enter your contact details**

**Your name** .....

**Patient's name** .....

(if different)

**Your address** .....

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.....**Postcode** .....

**Telephone Day** ..... **Evening**.....

We thank you for taking the time to complete this form.  
We will respond to you in writing within 2 working days of receiving this form.

Severn Hospice, Bicton Health, Shrewsbury, Shropshire, SY3 8HS.