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Patient Information Leaflet Complaints Policy

## Help us to reach the highest standards by having your say.

Your comments are important. We welcome feedback, both positive and negative. Please let us know if there is something we are doing well or if there is anything we could try to do better.

We look at all comments that come in and we try to make improvements based on feedback.

We need to know if you have a complaint about our care so that we can try to resolve the issue and try to learn lessons. This helps us to improve the care of our patients. We follow a standard procedure to make sure that we manage complaints appropriately.

## Step 1

### How do I make a complaint?

* Fill out a complaint form
* Talk to any member of staff
* Send us a letter
* Contact us at www.therisefamilypractice.ie

In the interest of fairness, we cannot deal with anonymous complaints. If you want us to deal with your complaint, please give us your name. When we look into a complaint, we treat everyone with dignity and respect, and we would ask you to do the same as we go through the process.

## Step 2

### What will happen next?

We will try to resolve your complaint as quickly as possible.

* We will acknowledge receipt of your complaint within 5 working days

We take patient confidentiality very seriously. If you want to make a complaint but you are not the patient involved, we will need written consent (permission) from the patient to say that you can deal with the complaint and that we can discuss their medical details with you.

* We aim to have looked into the complaint within 15 working days. This may sometimes take longer. If we anticipate delays, we will keep you informed of likely timelines.
* You will receive a written answer, or we might ask you to meet us to discuss your complaint.

Some complaints are serious or complicated and mean that we have to hold an investigation. If this arises, we will tell you. We will tell you how the investigation will work, who will be in charge of it and how long it will take. If we need to do an investigation, we will aim to finish it in 30 days. If we think it will take longer, we will tell you why and we will talk to you about this. You will be able to talk to us about the process. If a meeting is held, you can bring a friend or relative to any meeting.

## Step 3

### When we look into a complaint, we try to:

* Treat everyone involved with courtesy and respect
* Find out what happened, what went wrong and why
* Give you the opportunity to discuss the problem with the staff member(s) involved
* Give you an apology if this is the right thing to do
* Take steps to make sure the problem does not happen again

We hope that we will be able to resolve your complaint quickly and to your satisfaction.

## Step 4

We will answer your complaint in writing or in person and if there is an investigation, we will send you a final response when the investigation is over. We hope to

resolve all complaints satisfactorily, but if you are not happy about the response you receive, we can review and reconsider the complaint and our response. Alternatively, there are several other organisations where you may bring your complaint depending on the nature of your complaint and who it involves.

## HSE

Patients with a medical card may contact the HSE

***Email:*** [*yoursay@hse.ie*](mailto:yoursay@hse.ie)

***Website:*** [www.hse.ie](http://www.hse.ie/)

***Infoline:*** 1850-24-1850

***Address:*** Oak House, Millennium Park, Naas, Co. Kildare

## Office of the Ombudsman

If the HSE complaint resolution is unsatisfactory, GMS patients can contact the Office of the Ombudsman or if the complaint is about children, the Ombudsman for Children (see below)

***Email:*** [*info@ombudsman.ie*](mailto:info@ombudsman.ie)

***Website:*** [*www.ombudsman.ie*](http://www.ombudsman.ie)

***Telephone:*** 01 639 5600

***Address:*** 18 Lower Leeson Street, Dublin 2

## Ombudsman for Children

***Email:*** [*oco@oco.ie*](mailto:oco@oco.ie)

***Website:*** [www.oco.ie](http://www.oco.ie/)

***Infoline:*** 1800 20 20 40

***Address:*** Millennium House, 52–56 Great Strand Street, Dublin 1

## Medical Council

If your complaint is specifically related to a doctor, you can contact the Medical Council

***Email:*** [*info@mcirl.ie*](mailto:info@mcirl.ie)

***Website:*** [www.medicalcouncil.ie](http://www.medicalcouncil.ie/)

***Telephone:*** 01 498 3100

***Address:*** Kingram House, Kingram Place, Dublin 2

**Nursing & Midwifery Board of Ireland (NMBI)** If your complaint is specifically related to a practice nurse, you can contact the Nursing and Midwifery Board of Ireland (NMBI)

***Email:*** [*ftp@nursingboard.ie*](mailto:ftp@nursingboard.ie)

***Website:*** [www.nursingboard.ie](http://www.nursingboard.ie/)

***Telephone:*** 01 639 8500

***Address:*** 18–20 Carysfort Avenue, Blackrock, Co. Dublin

## The Data Protection Commissioner

If your complaint relates to an allegation of a breach of confidentiality / data protection, you can contact

***Website:*** [*www.dataprotection.ie*](http://www.dataprotection.ie/)

***Telephone:*** 057 868 4800

***Address:*** Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28

## Workplace Relations Commission (WRC):

If your complaint relates to an allegation of discrimination under the Equal Status Acts, you can contact the Workplace Relations Commission (WRC)

***Website:*** [*www.workplacerelations.ie*](http://www.workplacerelations.ie/)

***Telephone:*** 059 917 8990

***Address:*** O’Brien Road, Carlow, R93 E920

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# Complaint Form

## Section A – Patient details

**Patient Name**

**Date of Birth**

**Address**

**Eircode**

**Telephone**

**GMS (Medical Card) No.**

If you are not the patient, please insert patient details above. Please note it will be necessary for us to obtain patient consent to investigate the complaint and to discuss confidential information with you. Please also fill out Sections C and D if you are not the patient.

## Section B – Complaint details

**Complaint details:** (Include dates, times and names of personnel, if known)

**Section C – Complainant’s details (if complainant is not the patient)**

**Enquirer/ Complainant’s Name**

**Relationship to Patient**

**Address**

**Eircode**

**Telephone**

## Section D -Consent (if complainant is not the patient)

**If you are making a complaint for a patient, or if your complaint / query is about a patient’s medical care, then we need consent from the patient. Please obtain the patient’s signed consent below.**

I consent to my doctor releasing information to, and discussing my care and medical records, with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

**(Patient or legal guardian only)**

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |