

Complaint Logging and Investigation

FOR USE BY onCore UK ONLY

Columns marked * are required information

A) COMPLAINT RECEIPT	Complaint Reference #	
Format:	<input type="checkbox"/> Telephone † <input type="checkbox"/> Letter † <input type="checkbox"/> E-mail † <input type="checkbox"/> Fax † <input type="checkbox"/> Form ** For complaints received by telephone record details in section D † For complaints received by letter, e-mail, fax or form, date stamp the original and attach to this form	
*Complaint received by:	Name (Print):	Date:
B) COMPLAINANT DETAILS		
*Name:		
*Address:		
*Post code:		
Contact telephone number:	Daytime:	
	Evening:	
	Mobile:	
<input type="checkbox"/> Patient	<input type="checkbox"/> Physician	<input type="checkbox"/> Donation coordinator <input type="checkbox"/> Researcher
<input type="checkbox"/> Other (Please specify)		
C) BDN INFORMATION: (where applicable)		
*BDN Name:		
*Address:		
*Post code:		
*Contact name:		
*Contact telephone number:	Daytime:	
	Evening:	
	Mobile:	

D) DESCRIPTION OF COMPLAINT	Complaint Reference #	
<p>For complaints received by telephone describe the complaint in as much detail as possible, including any comments that may be useful in evaluating the complaint.</p> <p>If insufficient space is available continue on a separate sheet marked with complaint reference #.</p> <p>For complaints received by letter, e-mail or fax, date stamp the original and attach to this form</p>		

E) FURTHER INVESTIGATION		Complaint Reference #	
Is further investigation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If further investigation is required list details of contact below and any agreed actions and responsibilities in section F.			
If no further investigation is required complete section G			
*Complainant contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* Contacted by: (Print name)		* Date:	
*Contact format:	** <input type="checkbox"/> Telephone † <input type="checkbox"/> Letter † <input type="checkbox"/> E-mail † <input type="checkbox"/> Fax		
*BDN contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*BDN contacted by: (Print name)		* Date:	
*Contact name: (Print name)			
*Contact format:	** <input type="checkbox"/> Telephone † <input type="checkbox"/> Letter † <input type="checkbox"/> E-mail † <input type="checkbox"/> Fax		
* Other contacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*Contacted by: (Print name)		* Date:	
*Contact name: (Print name)			
*Contact position:			
*Organisation:			
*Contact format:	** <input type="checkbox"/> Telephone † <input type="checkbox"/> Letter † <input type="checkbox"/> E-mail † <input type="checkbox"/> Fax		
**For further communication made by telephone complete a telephone conversation log, giving a description of the conversation and any agreed actions, and attach to this form †For further communication made by letter, e-mail or fax, add the reference number, date stamp and attach to this sheet			

G) Complaint Closure	Complaint Reference #	
1. Have all agreed actions been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
2. Have all reports been appended to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3. Have all reports been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
4. Have all records/logs been appended to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
5. Has the complainant been contacted regarding resolution of their complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
6. Was the complainant happy with the resolution of their complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
7. Has the BDN been contacted regarding resolution of the complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
8. Was the BDN happy with the resolution of the complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
If the answer to any of the above is no give justification for closure		
Signature:	Position:	Date:

H) Quality Review And Closure		
Upon review of all information provided, this complaint is considered to be resolved and closed		
Signature:	Position:	Date:
	Head of Quality and Standards, onCore UK	