**Complaints Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complaint**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service User Name** | **Date Complaint Received** | **Date Acknowledged** | **Complaint subject to legislation**  | **Any incident entered separately on NIMS**  | **Complaint Type (How did Complaints Officer Resolve)** | **Consent** | **Age Group** |
| 1st Party | 3rd Party |
| *Surname, Firstname* | *dd/mm/yyyy* | *dd/mm/yyyy* | ***Y****/****N****/****P****artial* | ***Y****/****N*** | ***I****nformal resolution****F****ormal Investigation* | ***Y****/****N***  | ***Y****/****N*** | ***A****dult /* ***C****hild* |
|  |  |  |  |  |  |  |  |  |

**Issues** – add more rows as needed

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pathway** | **Date of Incident** | **Did this happen:** **Onsite / Offsite** | **Summary of the Incident** | **Issue Category** | **Issue Category Type** | **Issue Category Subtype** | **Division** | **Service** | **Sub Service** | **HIQA Standard: *Safer Better Healthcare*** |
| ***A*** *Statutory****B*** *Excluded****C*** *Alternative* | *dd/mm/yyyy* |  | *Summary of each issue identified* | *e.g. Safe & Effective Care* | *e.g.**Infection prevention & control* | *e.g. Non compliance with Infection and Control policies and protocols* | *e.g.* ***A****mbulance,* ***P****rimary Care,* ***A****cute* ***H****ospital,* ***M****ental Health etc.* | *e.g. Older Persons, Allied Health, MH Inpatient* | *e.g. Audiology, Home Help, Cardiology etc.* | *e.g. Safer Better Maternity Services* |
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**Complaints Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation** – add more rows as needed

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| --- | --- | --- | --- | --- | --- |
| **Date Recommendation Made** | **Recommendation Close Date** | **Details**  | **Recommendation Made** | **Recommendation Accepted/Rejected** | **Recommendation Outcome** |
| *dd/mm/yyyy* | *dd/mm/yyyy* | *Details of the Complaint Officers Findings* | *Summary of recommendation (if any made)* | *i.e. Accepted or Rejected* | *i.e. Partially Implemented, Not Implemented, In Progress, Implemented, Delayed Implementation* |
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**Complaint Follow-up/Close data – final stage of logging process**

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| --- | --- | --- | --- |
| **Complaint Status**  | **Complaint Resolution** | **Date Response Sent** | **Complaint closed within time limit?** |
| *Open or**Closed* | *e.g. Documentation update, Excluded under Legislation, No Action etc.* | *dd/mm/yyyy* | e.g. Yes or No |
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**Issues** – add more rows as needed

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| **HCAT Severity** | **HCAT Harm** | **Issue Status**  | **Issue Outcome** | **Issue Resolution** |
| *e.g. Low, Medium, High* | *e.g. Minimal, Minor etc.* | *Open or**Closed* | ***U*** *Upheld****N*** *Not Upheld* | *e.g. Documentation update, Excluded under Legislation, No Action etc.* |
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