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**COMPLAINTS MANAGEMENT SYSTEM USER SET UP REQUEST FORM (CMS)**

This form is to request the System Administrator to issue the staff member named below with login details to the **Complaints Management System** with the specified access rights. (Please submit one completed form per user, by email to cmstraining@hse.ie ) **Incomplete forms will be returned to sender**

|  |  |
| --- | --- |
| First Name and Surname:Job Title: Complaints Officer or Support Staff\*: Phone:Email Address: |  |
| Work Address:CHO/HG:Division: (i.e.; Mental Health/Primary Care /Other – please specify) |  |
| Site name/s: HSE Location(s) where you/the delegated Complaints Officer, investigate complaints.Please specify the locations that access is required. |  |
| Is this access request form for a New User: Yes / NoOrIf a current user please list the location changes you would like to make: |  |
| Are you a current NIMS user: Yes/No |  |

*\*Please ensure you have attached an MOU if Support Staff or a Letter of Appointment if Complaint Officer*

NCGLT Liaison Manager Details: Do Not Edit this section

|  |  |
| --- | --- |
| Name, Position, Date: | Anne Danaher, Data Quality Manager NCGLT  |
| Email & Telephone Number: | anne.danaher@hse.ie 086 0498862 |
| Liaison Manager Signature: |  |

Authorisation: Your Line Manager required:

|  |  |  |  |
| --- | --- | --- | --- |
| Line Manager:  |  | Signature & Date:  |  |
| Line Manager Phone: |  | Line Manager Email: |  |
| Designated Information Owner: | Chris Rudland | Signature & Date: |  |

**Form: SCA-F-036-02**

**Source: Quality Manual**

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