

**HSE Your Service Your Say
Anonymised Learning Summary Casebook**

 *Complaints Manager*

**Complaint Investigation** [ ]  **Review** [ ]  **Compliment** [ ]

**Completed: Q1** [ ]  **Q2** [ ]  **Q3** [ ]  **Q4** [ ]

**Location:** [ ] **Health Region** Click or tap here to enter text.[ ] **IHA** Click or tap here to enter text.

[ ] **Community Service – please specify (Older Persons, etc.)** Click or tap here to enter text.

[ ] **Hospital – please specify** Click or tap here to enter text.

[ ] **National Service - please specify** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Feedback Category** Choose an item.  | **Sub Category**  Choose an item. | **Issue** Type Issue Here. |
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**HCAT Classification: Severity** Click or tap here to enter text.  **Harm** Click or tap here to enter text.

**Complaint Status: Upheld** [ ]  **Partially Upheld** [ ]  **Not Upheld** [ ]

|  |
| --- |
| **Background to Complaint / Compliment (delete as appropriate)** |
| Click or tap here to enter text.  |
| **Investigation / Nature of Positive Feedback (delete as appropriate)** |
| Click or tap here to enter text.  |
| **Outcome and Learning** |
| Click or tap here to enter text. |

**Anonymised Learning Summary Casebook to be circulated as appropriate.**

**Issue to** **nationalcglt@hse.ie** **as appropriate for inclusion in the National Feedback Learning Casebook.**