

**HSE Your Service Your Say**

**Anonymised Learning Notification Form**

**Complaint Investigation** [ ]  **Internal Review** [ ]

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

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

[ ] **Name Community Service (Older Persons, Disabilities, etc.)** Click or tap here to enter text.

[ ] **Name of Hospital** Click or tap here to enter text.

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

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| --- | --- | --- |
| **Complaint Category** Choose an item.  | **Sub Category**  Choose an item. | **Issue** Type Issue Here. |
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| **Background to Complaint** |
| Click or tap here to enter text. |
| **Investigation** |
| Click or tap here to enter text.  |
| **Outcome and Learning** |
| Click or tap here to enter text. |

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| **Please forward the Anonymised Learning Notification Form to your Complaints Manager** |
| **Name:** Click or tap here to enter text. | **Complaints Officer** [ ]  | **Review Officer** [ ]  |
| **Email:** Click or tap here to enter text. | **Tel/Mobile:** Click or tap here to enter text. |
| **Occurrence or Reference Number:** Click or tap here to enter text. |
| **Complaints Manager Name:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. |

**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** [ ]