

If you need help completing this form, please ask a member of staff by contacting the Patient Relations Department on **(01942) 822376**; or e-mail [patient.relations@wwl.nhs.uk](mailto:patient.relations@wwl.nhs.uk)

For independent advice and support when complaining about the NHS you can contact the Independent Complaints Advocacy (ICA) who can advise you on how to make a complaint; support you and help you in drafting letters and represent you or attend meetings with you.

ICA can be contacted on **0808 801 0390**

**\*\*Please Note\*\* A Freedom of Information request may be made to the Trust to provide redacted copies of your complaint. Please indicate in the boxes below your choice.**

**I do not wish my complaint to be shared under Freedom of Information**

**I am happy for my complaint to be shared under Freedom of Information**

Please complete this form and then return it electronically to [patient.relations@wwl.nhs.uk](mailto:patient.relations@wwl.nhs.uk) - or you can send the form by post to:

**The Patient Relations/PALS Manager  
Patient Relations Department  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan  
WN1 2NN**

<b>Date of incident/event:</b>	<b>Date complaint form completed:</b>
<b>Name and Address of person making complaint:</b>	<b>Name and Address of patient (if different):</b>
<b>Telephone number of complainant:</b>	<b>Date of birth of patient:</b>
<b>Relationship to patient:</b>	<b>Unit No (if known):</b>

**For office use**

Date received: ..... Ref: .....

**Please provide an account of the incident(s) leading to the complaint being made:**

**Please state the areas you would like investigated:**

**What outcome do you wish from this complaint:**

**Complainant's signature** ..... **Date** .....