

Making a complaint about the healthcare of a child

You should fill out this form if you are helping a child to make a complaint about healthcare.



Please write clearly and use CAPITAL LETTERS if you can

Section 1

This section is about the child.

Child's first name

Child's last name

Child's address

Child's postcode

Child's date of birth Day Month Year





Your first name

Your last name

Your title (Mr/Mrs/Miss/Ms)



Your address

Your postcode



How are you related to the child? For example, are you a parent or carer?

Do you have **parental responsibility** for the child?
Please tick

Yes

No

You have parental responsibility if

- you are the mother of the child
- you are the father and are married to the mother
- you are the father and your name is on the child's birth certificate
- you have a court order to say you have parental responsibility for the child



Is the child in care?

Yes

No

If the child has a social worker they might be in care. You can ask the social worker. If the child is in care ask the social worker to write a letter. You should send us the letter.

I agree that everything I have written on this form is true.

Your signature

The date

Section 2

This section is for the child to write if the child is 12 or older

I agree that I want the Healthcare Commission and/or the Parliamentary and Health Service Ombudsman to look at this complaint about my healthcare.

Child's signature

The date

Section 3

This section should be signed by someone with parental responsibility for the child. We say what parental responsibility is in Section 1.

If the person making the complaint has parental responsibility they can sign here.

I agree that the Healthcare Commission and/or the Parliamentary and Health Service Ombudsman can look at my complaint. I agree that you can find out personal information about me if you need to.

For example, we might need to look at your medical notes.

I understand that you will use the information for my complaint.

Signature of parent
or person with parental responsibility

Send this form back to

**Healthcare Commission
FREEPOST NAT 18958
Complaints Investigation Team
Manchester
M1 9XZ**

You will **not** need a stamp



You should also read our Easy read leaflet

Consent, confidentiality and data protection

We have sent you this with the form.

MENCAP Easy words by Mencap. Pictures by Photosymbols.
Understanding learning disability