Health Complaints Advocacy Service

Client consent form – why we need your consent

To enable us to support you, the complainant, we need written permission from

* you, when **you** are making the complaint
* **the patient**, where you are complaining on their behalf.

This will allow us to

* act on your behalf
* receive all information about the complaint.

All communications will remain confidential unless you lead us to believe you, or anyone else, intends to

* harm or take their own life
* harm someone else or
* a criminal act is implied.

The advocate can then talk to the organisation and discuss the implications with you.

1. Please give your details

Name:

….

Address:

…..

Postcode:

….

Your Date of birth:

….

1. Are you making the complaint for

Yourself?, ***go to question 6***

the patient, *continue with question 3*

1. Please give the patient’s name

The patient must agree to the complaint.

Patient’s name

….

Patient’s Date of birth

….

1. What is your relationship to the patient?

E.g. mother, child of patient etc

….

1. Is the patient able to agree to the complaint proceeding?

For example patient is deceased, mentally incapacitated etc.

**No,** because patient is **(***e.g. deceased, mentally incapacitated etc***)**

….

**Yes**, patient’s email/telephone number

….

1. Signature of complainant

By emailing this form back to us, you are giving us authority to act on your behalf

Date:

….

By signing/emailing, the patient/complainant is authorising us to
– act on their behalf if needed

– receive all relevant information

– ask others to deal with your advocate as if they were dealing with you personally

You can withdraw your consent at any time by calling or emailing us to say so. This may affect any outcome of a complaint.

*This form continues*

### Your contact details

Contact phone number:

….

Email address:

….

Diversity and Equality – complainant

Please do one of the following, whichever works best for you

* click the appropriate box if you can
* highlight the word/s that apply you, or
* **delete** those that do not apply.

### Ethnicity

[ ]  Arab

[ ]  Asian or Asian British: Bangladeshi

[ ]  Asian or Asian British: Indian

[ ]  Asian or Asian British: Pakistani

[ ]  Asian or Asian British: Other

[ ]  Black or Black British: African

[ ]  Black or Black British: Caribbean

[ ]  Black or Black British–

[ ]  Mixed: White and Asian

[ ]  Mixed: White and Black African

[ ]  Mixed: White and Black Caribbean

[ ]  White: British

[ ]  White: Irish

[ ]  White: Gypsy/Traveller

[ ]  White: Other –

[ ]  Any other ethnic group

[ ]  Prefer not to say

### Gender

[ ]  Female

[ ]  Male

[ ]  Other, *please give details* –

[ ]  Prefer not to say

### Sexual orientation

[ ]  Bisexual

[ ]  Gay

[ ]  Heterosexual

[ ]  Other *please give details*

[ ]  Prefer not to say

### Marital status

[ ]  Civil partnership

[ ]  Divorced

[ ]  Married

[ ]  Single

[ ]  Widowed

[ ]  Other *please give details*

[ ]  Prefer not to say

### Maternity

[ ]  Pregnant or on maternity leave

### Disability

[ ]  Acquired brain injury

[ ]  Cognitive impairment e.g. dementia

[ ]  Sensory e.g. blindness

[ ]  Learning difficulty/disability

[ ]  Mental health

[ ]  Physical e.g. reduced mobility

[ ]  Other *please give details*

[ ]  Prefer not to say

### Religion

[ ]  Christian

[ ]  Muslim

[ ]  No religion

[ ]  Sikh

[ ]  Other *please give details*

[ ]  Prefer not to say

**Please return this form by email:**

advocacy@healthwatchlewisham.co.uk

**Healthwatch Lewisham**
Waldram Place
Forest Hill, London
SE23 2LB

Tel: 020 3886 0196