

## COMPLAINT FORM

### WHAT TO DO IF YOU HAVE A COMPLAINT

1. Please ask to speak to the person in charge of this area.
2. If the person in charge of this area cannot assist you they will contact the relevant medical secretary/supervisor to deal with the matter.
3. If you have a complaint and the medical secretary/supervisor has **not** been able to satisfactorily resolve this for you, written concerns or complaints can be sent to the Administration Manager by completing the attached complaint form.

Further copies of the complaint form are available at reception.

### WHAT HAPPENS NEXT?

Your complaint will be acknowledged in writing within 5 working days.

It will then be managed by the Administrative Manager who will complete preliminary investigations.

Your complaint will be investigated and concluded within 30 working days of it being acknowledged.

If you are not satisfied with our response or at any stage during the complaints process, you have the right to refer the matter to the Head of Consumer Affairs, HSE, or the Ombudsman/Ombudswoman for Children.

Confidentiality will be maintained at all times.

Please be reassured that we value your comments, and any complaint you might make will in no way compromise the care you/your child will receive.

**COMPLAINT FORM**

**Please use block letters**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Name of Young Person attending Service: \_\_\_\_\_

Relationship to that Young Person: \_\_\_\_\_

Please indicate the service about which you wish to complain: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I certify that the information given above is true  
Signed:***

\_\_\_\_\_

***Signature of Parent/Guardian/Carer (where applicable:)***

\_\_\_\_\_

***Date:*** \_\_\_\_\_

***Please return completed form to the designated person:***

***Kevin Madigan  
Lucena Clinic,  
59 Orwell Road,  
Rathgar,  
Dublin 6. Ph: 01 4923596***

**FOR OFFICE USE ONLY**

<b><i>Complaint Number</i></b>	<b><i>Month/Year</i></b>
<b><i>Date Received</i></b>	<b><i>Signature of Receiver</i></b>