**Independent Health Complaints Advocacy Service**

CONSENT FORM

**Section 1 - About you or the person you are representing**

To enable us to support you with your NHS complaint, we need your written permission. **Please complete this section if you are the patient or their representative.** Once completed either post in the freepost envelope provided or email to [advocacy@weareecs.co.uk](mailto:advocacy@weareecs.co.uk).

|  |  |
| --- | --- |
| Patient name |  |
| Patient address |  |
| Your name (if different to above) |  |
| Your address (if different to above) |  |
| What is your relationship to the patient? |  |
| Telephone (Home & Mobile) |  |
| Email address |  |
| Patients Date of Birth |  |

**Section 2 - Declaration**

I, the patient or their representative, confirm that I give my consent for Healthwatch Warrington Independent Health Complaints Advocacy Service to undertake work on my behalf, view my medical records and other personal information relevant to my complaint and contact third parties on my behalf if they are relevant to my complaint.

I understand that Healthwatch Warrington will keep all information it receives about me and my case strictly confidential and that I will also see all information that it receives on my behalf. (Please note anonymised details of your case will be monitored and shared with Warrington Borough Council and other relevant organisations to assist in the performance monitoring of the NHS, but no personal details/information will ever be shared).

|  |  |
| --- | --- |
| Patient signature |  |
| Date |  |

If the patient is unable to give their consent for you to act as their representative, please explain why: (i.e. patient is deceased, patient lacks capacity or patient is a child):

|  |  |
| --- | --- |
| Representative Name |  |
| Representative signature |  |
| Date |  |

**Section 3 – About your complaint**

|  |  |
| --- | --- |
| What organisation is the complaint about? |  |
| When did the Complaint happen? |  |
| Have you complained to the organisation already? |  |
| If possible, briefly describe what the complaint is about |  |
| If you know what outcome you would like from the complaint please explain |  |