

NIMDTA COMPLAINTS FORM

NOTES ON FILLING IN THIS FORM

You can use this form to write down the complaint you have about the work of NIMDTA, its staff or agents. This form does not cover complaints about the National Health Service (NHS)

Please fill in as much as you can on the form, and send it to the complaints coordinator. NIMDTA's address and other ways to contact us are on Page 3. We may need to contact you for more information.

Thank you

DETAILS OF THE PERSON MAKING THE COMPLAINT

Name of person filling in the form.....

Mr / Mrs / Miss / Ms / Dr / Prof/ other (please circle)

Address

.....Postcode

Daytime telephone number

Date.....

Are you writing on behalf of someone else? Yes / No

If you are writing on behalf of someone else, we may need to ask consent from that person, before we are able to investigate the complaint. Who are you writing on behalf of?

Name..... Relationship to you

Do you need the response in a different language or format? Yes / No

If yes, please state the preferred language or format

THE COMPLAINT

To help us investigate the complaint, please try and answer the questions below

What is your complaint about? Please use extra paper if needed.

.....
.....
.....
.....

Was anyone else involved? Yes / No If yes are you able to provide their names?

.....

Where did the incident or problem happen?

.....

When did the incident or problem happen?

.....

Is there anything else you want to add and what outcome do you expect? Please use a separate piece of paper if needed.

.....

Signed by :..... Date:.....

DATA PROTECTION

Your completed complaint form will be used by NIMDTA for the purposes of dealing with your complaint and sending the response to you at the address given. An anonymous survey may also be sent to you, to be used for the purposes of monitoring how NIMDTA’s complaints policy is working and reviewing it. NIMDTA is the “data controller” of the information you supply on the complaint form. Any queries you have about this should be directed to the Complaints Coordinator.

Thank you for filling in this form.

FOR OFFICE USE ONLY	Complaint reference number:
Date acknowledgement due: Date response due:	
Named investigator:	Date for survey:

ADDITIONAL ADVICE WHEN MAKING A COMPLAINT

When making a complaint by letter, you should try to include:

1. your name and contact details
2. who or what has caused your concerns
3. when and where the event happened
4. what results you would like to have

You also should keep accurate records of:

1. telephone calls related to the complaint. Who you spoke to, when and what the calls were about
2. all your papers and correspondence relating to the complaint
3. details of any visits or meetings

NIMDTA CONTACTS FOR COMPLAINTS

Please address your complaint to the complaints coordinator.

ADDRESS

Mr Mark McCarey (Complaints Coordinator)

NIMDTA

Beechill House'

42 Beechill Road

Belfast

BT8 7RL

TELEPHONE

028 9040 0046 direct dial

028 9064 4173 text phone

FAX

028 9079 8312

EMAIL

Mark.McCarey@nimdta.gov.uk