NHS
Lewisham
Clinical Commissioning Group

We would welcome your feedback

We are constantly looking for ways to improve our complaint service. As you have recently made a complaint we are keen to receive your feedback on how your complaint was handled. This information will be kept anonymously and used to improve the way we respond to complaints.

Considering Making a Complaint

Was information about the complaints process clear, visible and accessible?

☐ Yes
☐ No

Did you feel confident that your care would not be compromised by making a complaint?

☐ Yes
☐ No

Making a Complaint

Were you able to communicate your concerns in a way that suited you?

☐ Yes
☐ No

Did you feel that your concerns were understood?

☐ Yes
☐ No

Did you feel that you received enough information on how your complaint would be handled?

☐ Yes
☐ No

Staying Informed

Were you aware of who was dealing with your complaint and how to contact them?

☐ Yes
☐ No

Did we update you on the progress of your complaint at regular intervals?

☐ Yes
☐ No

Receiving Outcomes

Did you receive a response within the time period expected?

☐ Yes
☐ No

Do you feel we addressed all the points you made?

☐ Yes
☐ No

Was the response clear and easy to understand?

☐ Yes
☐ No

Reflecting on the Experience

Do you feel your complaint was taken seriously at a senior level within the organisation?

☐ Yes
☐ No

Would you feel confident to complain again should the need arise in the future?

☐ Yes
☐ No

Do you feel that your complaint has made a difference and been used to improve services?

☐ Yes
☐ No

Are there any other comments you would like to make?

Please return the questionnaire to the Complaints Team at Lewisham CCG via email to Lewccg.complaints@nhs.net or by post to Cantilever House, Eltham Road, SE12 8RN.

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Equal Opportunities Monitoring Form
It is important to us to make sure our services are provided fairly and equally.

So that we can see we are meeting this commitment, please complete this form and return it to the CCG in the freepost envelope provided.

All information is held in the strictest confidence. **(Please tick relevant box)**

1.	**Ethnic origin**				
	White	British ☐	Irish ☐	Any other White background ☐	
	Mixed	White and Black Caribbean ☐	White and Black African ☐	White and Asian ☐	Any other Mixed background ☐
	Asian or Asian British	Indian ☐	Pakistani ☐	Bangladeshi ☐	Any other Asian background ☐
	Black or Black British	Caribbean ☐	African ☐	Any other Black background ☐	
	Other Ethnic Groups	Chinese ☐	Any other ethnic group ☐		
2.	**Gender**				
	Male ☐	Female ☐	Transgender ☐	Not disclosed ☐	
3	**Sexuality**				
	Heterosexual ☐	Bisexual ☐	Gay ☐	Lesbian ☐	
	Not disclosed ☐				

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4	**Age**				
	Age Group	16-25 ☐	26-35 ☐	36-45 ☐	46-55 ☐
		56-65 ☐	66+ ☐		
5	**Do you consider yourself to have a disability?**				
	Registered disabled ☐	Unregistered disabled ☐	Not disabled ☐		
	Nature of disability				
	Hearing impairment ☐	Speech impairment ☐	Mobility Impairment ☐	Age related impairment ☐	
	Visual impairment ☐	Learning disability ☐	Mental health ☐	Other ☐	
6	**Religion**				
	No religion ☐	Christian ☐	Buddhist ☐	Other ☐	
	Hindu ☐	Jewish ☐	Muslim ☐		
7	**Marital Status**				
	Are you married?	Yes ☐	No ☐	In a civil partnership ☐	
8	**Pregnancy**				
	Are you pregnant?	Yes ☐	No ☐	Do you have a partner who is pregnant? ☐	