Your views matter
Information and advice for patients, relatives and visitors

Compliment? Concern? Complaint?

Feedback form

Complete this form to pay us a compliment, contact PALS or make a complaint.

If you would like a personal reply, please fill in your details.

Patient Details
Title: Mr / Mrs / Ms / Miss    Other: ________________________________

Full name: ________________________________

Hospital number (if known): ________________________________

Address: ________________________________________________

________________________________________ Postcode: __________

Telephone number (incl. area code): ________________________________

Mobile number: ______________________________________________

Date of birth: ________________________________

Email address: ____________________________________________

If you are completing this form for somebody else, please give your details below:

Relationship to patient: ________________________________

Title: Mr / Mrs / Ms / Miss / Other: ________________________________

Full name: ______________________________________________

Address: ________________________________________________

________________________________________ Postcode: __________

Telephone number (incl. area code): ________________________________

Mobile number: ____________________________________________

Email address: ____________________________________________
Your views matter
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Compliment? Concern? Complaint?

Your compliment, concern or complaint:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you are completing this form on behalf of someone else and you are making a complaint, they need to complete this section.

I confirm that I wish Mr/Mrs/Miss/Ms __________________________ to make a complaint on my behalf. I give permission for Sandwell and West Birmingham Hospitals NHS Trust to release personal information about me to them. I understand this means that details about my medical condition and treatment may be shared with them. I realise that I don’t have to sign this form if I don’t want to.

Signed: __________________________ Date: __________________________

If you are completing this form on behalf of someone who is not able to give their consent, please explain why they are unable to do so below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your relationship to the patient: _______________________________________

Signed: __________________________ Date: __________________________

Thank you very much for providing your feedback and helping us improve our services.
Once you have completed this form you can:

- Hand it to a member of staff,
- Give it to a member of the PALS team in the Birmingham Treatment Centre at City Hospital,
- Put it in one of our red boxes. These boxes are situated outside the PALS office at Sandwell Hospital (near the main reception), in A&E at Sandwell Hospital, in the main reception at Rowley Regis Hospital, outside the Patient Information Centre in the Birmingham Treatment Centre at City Hospital and at Birmingham and Midland Eye Centre at City Hospital.
- Post it to:
  Complaints Department
  Sandwell & West Birmingham Hospitals NHS Trust
  City Hospital
  Dudley Road
  Birmingham
- Scan it and email it to: swbh.complaints@nhs.net