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| ***For Information and advice on how to complete this form please phone the Devon Advocacy Consortium on 0845 231 1900***  ***Failure to complete all relevant parts of this form will result in delayed allocation of this referral.***  ***The referral form should be emailed to*** [***devonadvocacy@livingoptions.org***](mailto:devonadvocacy@livingoptions.org) |

### DETAILS OF THE PERSON MAKING THE COMPLAINT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | | | email | | |  | | | |
| Address | |  | | | | | | | | | Tel | | |  | | | |
| Postcode | | |  | | | |
| Client currently living in | Own home | |  | Care home |  | Hospital |  | Supported living |  | Prison | |  | Uncertain | |  | Other (specify) |  |

Our NHS Complaints Advocates offer support to individuals complaining about an NHS service either they, or someone close to them, has received or attempted to access. Our ultimate aim is empowerment, so we usually start by sending a Self Help Information Pack. For those requiring more input, we aim to prioritise people who do not have anyone to support them and whose current circumstances hinder their ability to communicate. Such circumstances might be due to a diagnosed disability/ condition, or due to a recent bereavement or traumatic event. **In order to prioritise fairly we ask that you answer all questions below, as fully as possible.**

**WHY DOES THE PERSON MAKING THE COMPLAINT NEED AN INDEPENDENT ADVOCATE?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are there family / friends able to support the person making the complaint? | | | | | | | | Yes | |  | | No |  | | |
| Are there any agencies able to support the person making the complaint? | | | | | | | | Yes | |  | | No |  | | |
| If yes to either, please give reason why further support is needed: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Can the person making the complaint communicate views, wishes & feelings? | | | | | | | | Yes | |  | | No |  | | |
| If yes, we will send a **Self Help Information Pack.** An advocate will not be allocated.  If no, please summarise how they have difficulty communicating and the current circumstances that contribute so that we can assess whether we can offer an advocate in addition to the Self Help Information Pack. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| What is the primary communication method of the person making a complaint? (tick only one box – the most appropriate) | | | | | | | | | | | | | | | | |
| English |  | Other spoken language | | |  | | Gestures/vocalizations/facial expressions | | | | | | | |  | |
| Sign language (e.g. BSL) |  | Words/Pictures/Makaton | | |  | | No obvious means of communication | | | | | | | |  | |
| Other (please state) |  | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Disability | | | | | | | | | Acquired Brain Injury |  | Autistic Spectrum Condition |  | Cognitive impairment |  | Dementia |  | | Learning Disability |  | Mental Health problems |  | Serious Physical Illness |  | Combination |  | | Unconsciousness |  | Other  (please state) |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Does the complainant pose a risk to themselves or others? | | | | Yes | |  | | | No | |  | |
| If yes, please give details: | | |  | | | | | | | | | |

**NHS COMPLAINT DETAILS**

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| --- | --- |
| NHS provider the complaint is about (eg. Name of Hospital, GP or dental practice) |  |
| When did the treatment / incident happen? |  |
| Dates & times of any planned meetings |  |
| Brief outline of the complaint |  |

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| **REFERRER**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please complete if you are referring someone else: | | | | | | Referrer name and relationship to client |  | | Name of org, if any |  | | Referrer ‘s address |  | | Telephone |  | | Email |  | | How did you hear about the Advocacy service? Eg. Internet, signposted from CCG. | |  | | |   **CLIENT MONITORING INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | Gender |  | Date of birth |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ethnic Origin | | | | | | | | | | | **White**: | | **Mixed**: | | **Asian or Asian British:** | | **Black or Black British**: | | **Chinese or Other Ethnic Group** | | | British |  | White & Black Caribbean |  | Indian |  | Black Caribbean |  | | Irish |  | White & Black African |  | Pakistani |  | Black African |  | Chinese |  | | Other White (specify) |  | White & Asian |  | Bangladesh |  | Other Black (specify) |  | Other Ethnic Group |  | |  | | Other Mixed (specify) |  | Other Asian (specify) |  |  | | Not established |  | |
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The Devon Advocacy Consortium is a partnership made up of 6 specialist advocacy providers: Living Options Devon (lead), Plymouth & Devon Racial Equality Council, Rethink Mental Illness, Vocal Advocacy, Westbank & Young Devon.

Devon Advocacy Consortium

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