

## **Complaints Procedure**

Overgate Hospice aims to provide a high quality service but if you or your family have any cause for dissatisfaction with any aspect of our services, please discuss this with us as soon as possible.

**Whatever you tell us will remain confidential.**

We will attend to your complaint quickly and learn from the experience to improve our services to other people. Your complaint will be reported to the appropriate line manager, as soon as possible.

If you are not satisfied with the outcome at this stage you may, if you wish, complain to the hospice management (i.e. Medical Director, Director of Clinical Services or General Manager) in person, by letter or using the form overleaf.

Your complaint will be investigated thoroughly, fairly and as quickly as possible. On receipt of it, an acknowledgement will be issued within 2 working days, unless a full reply can be sent within 5 working days. You will be kept informed of the progression of your complaint. Our aim is to complete our investigations within 14 working days but if there is any delay, for whatever reason, you will be kept informed and a full response will be made within 5 days of the conclusion.

Should the matter still not be resolved to your satisfaction you may write to the Chairman of Directors at Overgate Hospice.

There is a suggestion box in the porch and complaints (and compliments) forms are available in reception.

You may contact the Health Care Commission (HCC) directly, at any point regarding your complaint.

**Healthcare Commission  
Kernal House  
Killingbeck  
LEEDS  
LS14 6UF**

**Telephone 020 74489 200**

**IF YOU WISH TO DISCUSS ANY ASPECT  
OF YOUR COMPLAINT PLEASE  
TELEPHONE OVERGATE HOSPICE AND  
ASK TO SPEAK TO ONE OF THE SENIOR  
MANAGEMENT TEAM**

**Overgate Hospice  
30 Hullenedge Road  
Elland  
West Yorkshire  
HX5 0QY**

**Telephone: 01422 379151  
Fax: 01422 375507**

**[info@overgatehospice.org.uk](mailto:info@overgatehospice.org.uk)**

Registered Charity No 511619

**Revised 05/05**

**Review 07/08**

Leaflet Code: OG1

## **Complaints Procedure**

## COMPLAINT FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### DETAILS OF COMPLAINT

Date of complaint: \_\_\_\_\_

Please describe your complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you use this form to make a complaint, please give the completed form to a member of staff, or post it to:

**Mrs Jenni Feather**  
**Chief Executive**  
**Overgate Hospice**  
**30 Hullenedge Road**  
**Elland HX5 0QY**