*Your name*

*Your address*

 *Daytime telephone number*

*Date*

*Trust Chief Executive/GP or dental practice complaints lead/GP or dentist personally*

*Organisation name*

*Address*

Dear Sir/Madam

**Re: *(Name, date of birth, NHS number)***

I am writing to complain about treatment at *(where treatment took place)* on/from *(date of incident)*.

*(DETAILS OF WHAT HAPPENED - Give details of what happened and relevant dates, include names of individuals involved, if you want to you can list main points in date order and include any further background information which is relevant)*

*(DETAILS OF WHY YOU ARE NOT HAPPY – Explain why you are dissatisfied. If a number of reasons, list those which are most important first)*

*(SPECIFIC QUESTIONS YOU WOULD ANSWERING – Compile a list of questions relevant to what you want to know about your treatment)*

*(DETAILS OF WHAT YOU WOULD LIKE TO HAPPEN AS A RESULT OF YOUR COMPLAINT – Explain what you want to achieve as an outcome of your complaint such as an apology or a review of procedure. You can request details of your treatment and can request a meeting with the staff. You could ask for reassurance that the same thing will not happen again to anyone else and that changes have been made to ensure that. You can request further treatment which you feel you may need. You may request an Independent Clinical Review which can be funded by the NHS)*

I would appreciate it if you would carry out a full investigation into my concerns and provide a full response in accordance with the NHS Complaints Procedure.

Yours sincerely

*(Your full name)*