



**THE QUEEN ELIZABETH HOSPITAL**

**The Clinical Risk Management Unit**  
**Martindale's Road**  
**St. Michael**  
**Email: [crm@qeh.gov.bb](mailto:crm@qeh.gov.bb)**

## **COMPLAINT FORM**

### **PLEASE BE ADVISED THAT:**

1. If you are making a complaint on behalf of someone else, you **MUST** obtain his/her written consent to do so; Please complete consent form attached.
2. Information on this form must be printed (**BLOCK LETTERS**) unless otherwise indicated.
3. The completed forms **MUST** be submitted to the Queen Elizabeth Hospital

### **Section 1-General Information**

**Please indicate your desired outcome in regards to your complaint.**  
**(Please tick)**

**Investigation** ☐

**Telephone call** ☐

**Service Review** ☐

**Please indicate who you are making the complaint on behalf?**

**Self** ☐

**Mother** ☐

**Father** ☐

**Daughter** ☐

**Son** ☐

**Husband** ☐

**Wife** ☐

**Other** ☐

**Please specify:** \_\_\_\_\_

**If you are making the complaint on behalf of someone, Are you the Next of Kin(NOK)**

**Yes** ☐

**No** ☐

### **Section 2- Personal Details**

#### **Personal Details of the Complainant**

**Date:**

**Name of Complainant:**

**Signature of Complainant:**

**Address:**

**Telephone #:**

**Work:**

**Home:**

**Cell:**

**Email Address:**

### Personal Details of the Patient

Name of the Patient:

National ID #:

Hospital # :

Date of Birth:

Age:

Address:

If you are filing the complaint on behalf of someone, have you completed the consent form?

Yes ☐

No ☐

### Section 3- Complaint

#### Complaint Details

Date of Event

Location in hospital where event took place:

Time of Event:

#### Name(s) of the person(s) involved in the complaint(If known)

Name

Position

Description of the complainant (If Known)

**Complaint Description**

**Description of Complaint**

**Please provide a brief description of the event:**


<b>FOR INTERNAL USE ONLY</b>			
Case #: _____			
Has the consent form been completed? Yes____ No____			
Receipt date of complaint: _____			
What does this complaint warrant: Referral: ____ Defused: ____ Reports Requests: ____			
Officer taking the complaint: _____			
Apparent outcome in terms of harm: no harm____ low____ Moderate____ High____			