

Record of Complaint

APMS Statement for Investigations

In order from APMS to FULLY investigate your complaint, we may have to discuss your concerns with other members of our team and associated third parties.

Within the team:

Discussions with our team would include utilising your name and transfer details (which may include associated addresses to your care/ transfer), initially this would be directed at staff who undertook any of your care and/or transfer needs, however may expand to any other members of our team that have been identified as holding and/or are able to provide information with regard to your concerns. Any additional staff members would be identified through discussions with the initial staff (and not group questioning)

It is not necessary for APMS to share your date of birth or other identifying details (if held) with our staff.

Third Parties:

Associated third parties may need to be contacted, this may include the discharging and/or receiving hospital ward, the hospital transport manager, or hospital approved transport team.

In this instance we would need to share your name, address and (if held) your date of birth and other identifying numbers, such as, (your hospital number)

Right to withdraw:

In order to investigate any complaint FULLY and reach an accurate and appropriate decision, we would require your consent to do so, however you can choose not to provide your consent and we are happy to respond given all supplied information, although our response would be based upon APMS policies and any information you have provided. Should you choose to provide consent to discuss your concerns, please be aware that you are able to withdraw your consent at any given time.

To do so you must provide this request in writing at the earliest opportunity.

Lawful processing:

Please be aware that should your complaint identify anything of additional concern, such as safeguarding, public health concerns and/or safety (we may have to share this information as a legitimate interest in protecting others from potential harm)

(note the above list is not exhaustive)

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Are you complaining on behalf of someone else?

If you are complaining on behalf of someone else, please note that **we are able to help**, providing the following evidence of consent is supplied.

- The original patient/customer understands the (APMS statement for investigation) and similarly your reason(ing) for raising a concern.
- The original patient/customer will still be required to complete the preliminary consent form.
- An additional consent form will need to be completed by the patient allowing APMS to discuss the complaint with the patients designated third party.

(Please note that if you are the legal guardian and hold power of attorney for welfare, we can deal with your complaint in (the first person) However proof of this document would need to be supplied).

If you are unable to provide any of the required consents as set out by law, APMS are only permitted to work within the compound of current legislative restraints. Therefore, dependent upon the content of your complaint it may only be possible for us to respond utilising limited information.

Your Concern/Complaint

Your Name	-
Address	-
Post Code	-
Landline:	-
Mobile:	-
Email:	-

Communication

How would you like to be contacted?	<table border="1"> <tr> <td>Post</td> <td><input type="checkbox"/></td> <td>Email</td> <td><input type="checkbox"/></td> </tr> </table>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Please note to communicate via email, we must first establish a secure connection
Post	<input type="checkbox"/>	Email	<input type="checkbox"/>			

Identifying Details

Date/time of incident	-
Location	-To/From
Crew Names	-
Vehicle ID	-
Other identifying factors	-

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Details of the event	
<p>Details of the complaint (go through the incident systematically) ensuring that you cover the specific issues that you are dissatisfied with</p>	<p><u>What happened?</u></p> <p><u>Where?</u></p> <p><u>Who was involved?</u></p> <p><u>Did anyone else witness what happened/</u></p> <p><u>Reasons for dissatisfaction?</u></p>
Your Expectations	
<p>What would you like to happen as a result of the complaint?</p>	
<p>What to Expect</p>	<p>We will acknowledge receipt of your complaint and investigate it fully. We aim to have a response to your complaint within 28 working days (this may be due to gaining additional information and discussions with staff and witnesses including any further information we may require from yourself) However, we may be able to complete this process quicker, we will keep you informed of our progress throughout our investigation by your chosen method of contact. (if for any reason we are unable to complete our findings within our 28-day period you will be fully informed as to the reasons why)</p>

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Consent and chosen third party correspondence	
Consent	<p>APMS aim to remain clear and transparent on how we will need to manage, process and/or share your person-identifiable information. These (processes) will vary dependent upon the issues you wish for us to investigate and respond too. To allow us these rights, please read the APMS statement for investigation and where agreed (and in your own words) sign the consent form for EACH agreed statement.</p> <p>Where you wish to include a response to a chosen third party, OR you are a third party complaining on behalf of someone else, please ensure you have read and understood the above statements, included all necessary consent forms and additional documentation (where identified)</p>
Third Party Details	
Name	-
Relationship	-
Address	-
Post Code	-
Landline:	-
Mobile:	-
Email:	-
Your Declaration	
Your signature:	Date:
Third party signature:	Date:
Your Checklist	
<ul style="list-style-type: none"> • Have you completed the above form in full? • Have you included YOUR consent form? • Have you included details of any third party you wish your outcome to be shared with? • Have you provided the associated third-party consent form? • (Where appropriate) Have you included evidence of POA WELFARE? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please email completed form to feedback@apmsambulance.co.uk, where one of our operations team will review and respond to you.



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Office Use Only			
Call made to customer for verification		Call made to Complainant for verification	
Any Concerns over verification			
Consent form/s received			
POA (welfare) document provided			
APMS Agreement to continue (Sign/Date)			

Office Use Only			
Acknowledgement sent		All Witnesses Contacted	
Outcome Reached		Upheld/Not Upheld	
Further Investigations		H/R Input Required	