

**NATIONAL VACCINATION BOOKING SERVICE / NHS COVID PASS / VDRS SERVICE ESCALATION REPORT**

**All fields marked with \* are mandatory**

**DATE FORM COMPLETED\*:**

|  |  |
| --- | --- |
| **Site Name:** |  |
| **Site Address:**  **(Inc postcode)** |  |
|  |  |
| **Name of Person Submitting Report\*:** |  |
| **Contact Email of Submitter\*:**  **(who to reply to for further info)** |  |
| **TYPE: Incident/Complaint/Concern/feedback** |  |
| **Reference Number\*:** |  |
| **Complainant Name:**  **(Citizen, GP, Carer, Partner – person raising on behalf of the citizen):** |  |

|  |  |
| --- | --- |
| **Citizen Details** | |
| **Citizens Name:**  **(Helpful but not mandatory)** |  |
| **Citizen Address:** |  |
| **Citizen Contact Details:\***  **(Telephone number call was made from)** |  |
| **Time and Date of Call:\*** |  |
| **Incident Date:\*** |  |
| **DOB/NHS Number:** |  |

|  |
| --- |
| **Relevant staff involved (Name, job title, involvement)** |
|  |

|  |
| --- |
| **Details of Incident/Concern/Complaint/ Feedback** |
|  |

|  |
| --- |
| **Chronology of call or event (*if applicable*, *please include here the key elements of the call / event – please keep the information concise*)** |
|  |

|  |
| --- |
| **Other relevant information ongoing at time of incident (e.g. Volume of work/escalation levels/ICT incident/staffing incident)** |
|  |