

Complaints Survey

What is the questionnaire about?

We would like to understand your experience of raising a complaint to the health or social care organisation named in this letter.

Results from the survey will be used to **make improvements** to the complaints process and how organisations respond to complaints.

Who is the questionnaire for?

The questionnaire is for people who have raised a complaint with a health or social care organisation within the last 12 months. If you have not raised a complaint, this questionnaire may have been sent to you by mistake.

The person who **made the complaint** should complete the questionnaire. Where they are unable to, support can be offered to complete it. (Please see below)

Completing the questionnaire

The questionnaire should take no longer than 15 minutes to complete.

For most questions, please tick clearly inside one box using a black or blue pen. For some questions you may be asked to tick more than one box.

Not all sections will apply to you. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Help or opting out

If you have any questions, would like to opt out, or if you would like to complete the questionnaire over the phone or with the help of an interpreter, please call
XXX.

Taking part in this survey is voluntary. Your answers will be treated in confidence and will not affect your care or the outcome of your complaint.

SECTION 1: CONSIDERING A COMPLAINT

N.B: If you have taken your complaint **further**, please think about the **initial** complaint that you made to the organisation.

Q1 Where did you get the initial information on how to make your complaint?

Leaflet/ Poster at the organisation 1

Leaflet/ Poster from elsewhere 2

I spoke to a member of staff 3

I spoke to a health complaints advocate.. 4

Organisation website 5

I already knew how to make a complaint. 6

Other 7

If other, please describe

SECTION 2: MAKING A COMPLAINT

Q2 Did you feel that you were taken seriously when you **first** raised your complaint?

Yes, definitely 1

Yes, to some extent 2

No 3

Not sure/ don't know 4

Q3 Was this your first attempt to make this complaint?

Yes ¹ Go to Q5

No, I had tried to make it somewhere else or with someone else first..... ² Go to Q4

Q4 If this was not your first attempt to make this complaint, please describe where and how you first tried to make your complaint:

Q5 When you **made** your complaint, were you made aware of the support available to you from another organisation e.g. advocate?

Yes, and I found this useful..... ¹

Yes, but I did not find this useful ²

Yes, but I did not want or need this..... ³

No, but I would have liked this ⁴

No, but I did not want or need this ⁵

Not sure/ don't know ⁶

Q6 How did you make **or** how were you advised (by the organisation) to make your complaint?

Phone 1

Email 2

Paper Letter 3

By completing a form or leaflet (online or paper) 4

Face-to-face discussion 5

Through a complaints advocate 6

Other 7

If other, please describe

Q7 Was this your preferred method of making your complaint?

Yes 1

No, but I did not mind 2

No, and this was a problem for me 3

Q8 Did you find it easy to make your complaint?

Yes, completely 1 Go to Q10

Yes, to some extent 2 Go to Q10

No 3 Go to Q9

Q9 Why did you feel it was not easy to make your complaint?

Q10 Did you feel confident that future care would not be affected negatively **by making a complaint?**

- Yes, definitely 1
- Yes, to some extent 2
- No, and this bothered me 3
- No, but I did not mind..... 4
- Not applicable 5
- Don't know/ can't remember 6

SECTION 3: ACKNOWLEDGEMENT OF COMPLAINT

Q11 Did you feel you received an acknowledgement within an acceptable time?

N.B. This does not include automated online responses.

- Yes 1
- No 2
- I did not receive an acknowledgement 3
- Not sure/ don't know 4

Q12 Were you offered a discussion about your complaint?

- Yes, and I wanted this..... 1 Go to Q13
- Yes, but I did not want/need this 2 Go to Q14
- No, but I did not need this .. 3 Go to Q14
- No, but I would have liked this 4 Go to Q14

Q13 Was this discussion at a time of your choice?

- Yes 1
- No, but I did not mind 2
- No, and this was a problem for me 3

Q14 Were you informed of a timescale for responding to your complaint?

Yes, and I was satisfied with this 1

Yes, but I was not satisfied with this 2

No 3

Not sure/ don't know 4

Not applicable 5

Q15 Did the organisation summarise the main points of your complaint?

Yes, and these were correct 1

Yes, but these were not correct 2

No 3

Not sure/ don't know 4

Q16 Was your complaint about more than one **organisation**?

Yes 1 Go to Q17

No 2 Go to Q19

Q17 Did you feel these organisations worked well together to manage your complaint?

Yes, definitely 1 Go to Q19

Yes, to some extent 2 Go to Q19

No 3 Go to Q18

Q18 Why did you feel that these organisations did not work well together?

SECTION 4: STAYING INFORMED

Q19 Did you have a single point of contact at the organisation(s) you complained to who you could approach if you had any questions?

- Yes 1
- No, but I would have liked this 2
- No, but I did not want or need this 3

Q20 Did you feel that you were updated **enough** about what was happening to your complaint?

- | | | | |
|-------------------------------------|--------------------------|---|-----------|
| I did not receive any updates | <input type="checkbox"/> | 1 | Go to Q22 |
| Yes, completely | <input type="checkbox"/> | 2 | Go to Q21 |
| Yes, to some extent | <input type="checkbox"/> | 3 | Go to Q21 |
| No | <input type="checkbox"/> | 4 | Go to Q21 |
| Don't know/ cant remember | <input type="checkbox"/> | 5 | Go to Q21 |

Q21 If you received updates about your complaint before you received the outcome, did you feel that these were personal to you and your complaint?

- | | | |
|---------------------------|--------------------------|---|
| Yes, completely | <input type="checkbox"/> | 1 |
| Yes, to some extent | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |

SECTION 5: RECEIVING THE OUTCOME

If you have not yet received the outcome of your complaint, please go to Section 6: Reflecting on the Experience

Q22 Did you receive the outcome of your complaint within the given timescales?

Yes 1

No 2

No timescales were given 3

Q23 If it took longer than **six months** to receive the outcome of your complaint, did you receive an explanation for this in writing?

It did not take six months or longer to receive the response to my complaint 1

Yes, I received this in writing (including email) 2

Yes, I received this in another format 3

No 4

Don't know/ can't remember 5

Q24 In what format did you receive the outcome of your complaint? (Please tick ALL boxes that apply)

Paper Letter 1

Email 2

Phone call 3

Face-to-face meeting 4

Other 5

If other, please describe

Q25 Did you feel that this was the right format for the outcome of your complaint?

Yes, completely 1

Yes, to some extent 2

No 3

Q26 Was the outcome of your complaint explained to you in a way that you could understand?

Yes, completely 1

Yes, to some extent 2

No 3

Q27 Did you feel that the response you received addressed the points you raised in your complaint?

Yes, all points ¹ Go to Q29

Yes, most of the points ² Go to Q28

Yes, a few of the points..... ³ Go to Q28

No, none of the points ⁴ Go to Q28

Q28 Did you seek an additional response for the **points that were not addressed?**

Yes ¹

No ²

I did not know how to do this ³

Q29 Were you satisfied with the outcome of your complaint?

Yes, completely ¹

Yes, to some extent ²

No ³

Don't know/ can't remember ⁴

Q30 Were you satisfied with the recommendations in response to your complaint?

- Yes, completely 1
- Yes, to some extent 2
- No 3
- I did not receive any recommendations ... 4
- Don't know/ can't remember 5


Q31 Were you made aware of your right to take your complaint further if you were not completely satisfied with the outcome **and/or** the recommendations?

- Yes, by the organisation I complained to . 1
- Yes, but not by the organisation I complained to 2
- Yes, by both the organisation and another source 3
- No 4

Q32 Did you feel that your complaint was handled professionally by the **organisation you complained to?**

- Yes, completely 1 Go to Q34
- Yes, to some extent 2 Go to Q33
- No 3 Go to Q33

Q33 Why did you feel that your complaint was not handled completely professionally?



SECTION 6: REFLECTING ON THE EXPERIENCE

Q34 Do you feel that as a result of making a complaint your care (or the care of the person on behalf of whom you complained) has been affected?

Yes, it has made the care better ¹

Go to Q35

Yes, it has made the care worse ²

Go to Q35

No, it has not affected the care ³

Go to Q36

Care has not been received from this organisation since making my complaint ⁴

Go to Q36

Q35 Please tell us how making the complaint affected the care received:

If you would like a response from the organisation about this issue, please leave your contact details below. (N.B. This will mean that your responses in this questionnaire may be identifiable)

Q36 If you felt you needed to, would you complain to or about this organisation again?

Yes, definitely ¹ Go to Q38

Yes, maybe ² Go to Q38

No ³ Go to Q37

Q37 Why do you feel you wouldn't complain to/ about this organisation again?

Q38 Did you receive any explanation of how your complaint would be used to improve services?

Yes, completely ¹

Yes, to some extent ²

No, but I did not mind ³

No, but I would have liked this ⁴

Not sure/ don't know ⁵

SECTION 7: ABOUT YOU

*These questions should be answered about the person who **made the complaint***

Q39 How old are you (in years)?

Q40 How would you describe your gender?

Male 1

Female 2

Prefer not to say 3

Prefer to self-describe 4

Q41 Is your gender identity the same as the gender you were given at birth?

Yes 1

No 2

Prefer not to say 3

Q42 What is your religion?

- No religion..... 1
- Buddhist..... 2
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations) 3
- Hindu 4
- Jewish..... 5
- Muslim 6
- Sikh..... 7
- Other..... 8
- Prefer not to say 9

Q43 Which of the following best describes how you think of yourself?

- Heterosexual / straight..... 1
- Gay / lesbian..... 2
- Bisexual 3
- Other..... 4
- Prefer not to say 5

Q44 To which of these ethnic groups would you say you belong? (Tick ONE only)

- White British..... 1
- Any other white background 2
- Mixed 3
- Asian or Asian British..... 4
- Black or Black British 5
- Any other ethnic group..... 6
- Prefer not to say 7

Q45 Do you have any of the following long-standing conditions? (Please tick ALL that apply)

- Deafness or severe hearing impairment . 1
- Blindness or partially sighted 2
- A long-standing physical condition..... 3
- A learning disability 4
- A mental health condition..... 5
- A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy..... 6
- No, I do not have a long-standing condition 7
- Prefer not to say 8

SECTION 8: FURTHER COMMENTS

Please use this section to let us know if there is anything else you would like to tell us about your experience of making a complaint.

Q46 Is there anything that worked particularly well about the complaints process?

Q47 Is there anything that could have been better about the complaints process?



**Thanks very much for your help.
Please post this questionnaire back in the
FREEPOST envelope provided.**