

## 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 5 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: THE COMPLAINT

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

Q1 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

Q2 Was this your first attempt to make this complaint?

- Yes .....  1
- No, I had tried to make it somewhere else or with someone else first.....  2

Q3 Did you find it easy to raise your complaint?

- Yes, completely .....  1
- Yes, to some extent.....  2
- No .....  3

Q4 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

Q5 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

Q6 Did you feel that you were updated **enough** about what was happening to your complaint?

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

Q7 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 .....  1
- Yes, to some extent.....  2
- No .....  3

Q8 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

Q9 Did you feel that the response you received addressed the points you raised in your complaint?

- Yes, all points .....  1
- Yes, most of the points.....  2
- Yes, a few of the points .....  3
- No, none of the points .....  4

Q10 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

Q11 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

Q12 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 Q13

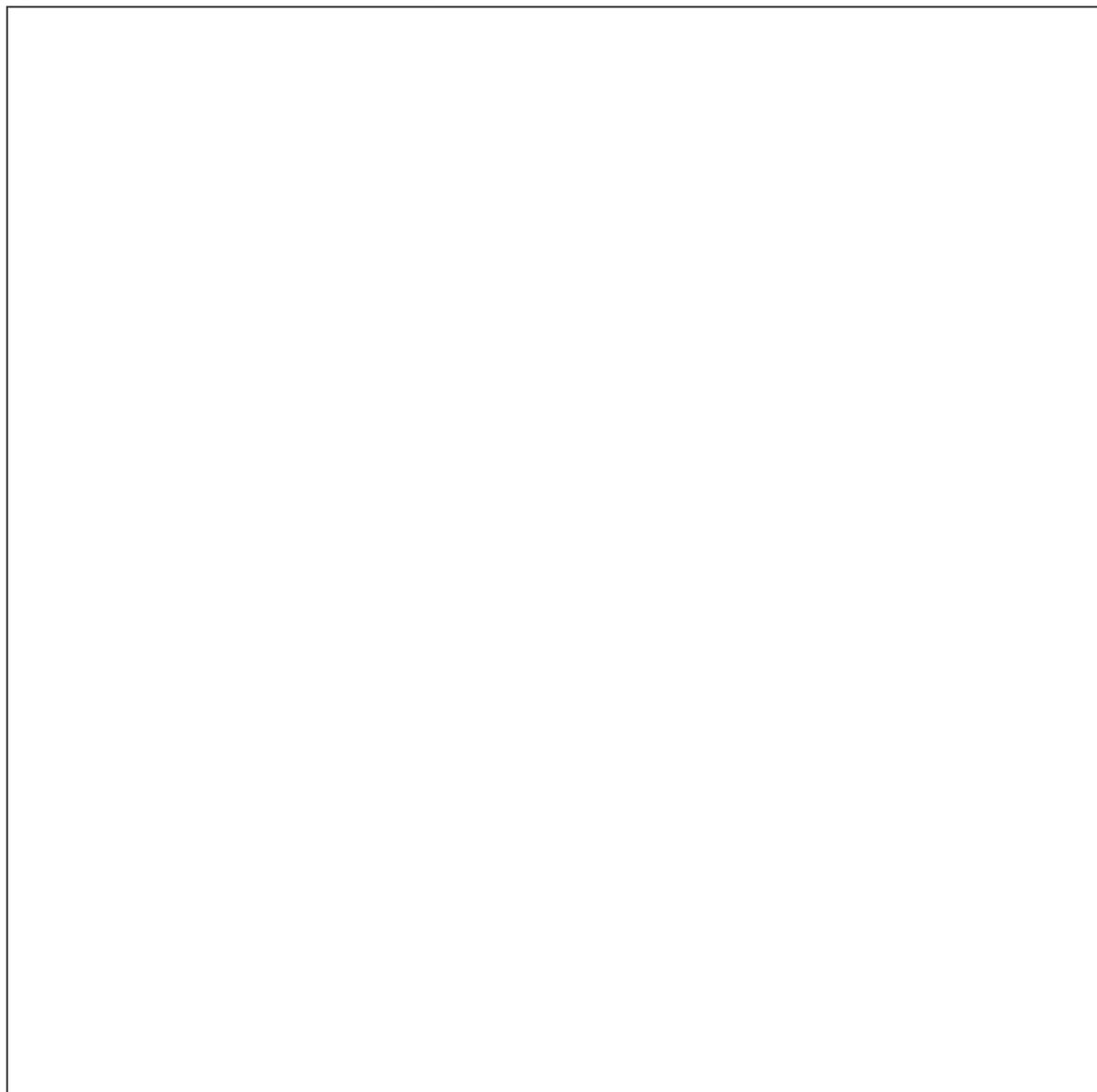
Yes, it has made the care worse.....  2 Go to Q13

No, it has not affected the care .....  3 Go to Q14

Care has not been received from this organisation since making my complaint .....  4 Go to Q14

Q13 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)

A large, empty rectangular box with a thin black border, intended for the respondent to provide their contact details. The box is currently blank.

- Q14 If you felt you needed to, would you complain to or about this organisation again?
- Yes, definitely .....  1
- Yes, maybe.....  2
- No.....  3

- Q15 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 2: ABOUT YOU

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

- Q16 How old are you (in years)?

Q17 How would you describe your gender?

- Male .....  1
- Female .....  2
- Prefer not to say .....  3
- Prefer to self-describe .....  4

Q18 Is your gender identity the same as the gender you were given at birth?

- Yes .....  1
- No .....  2
- Prefer not to say .....  3

Q19 To which of these ethnic groups would you say you belong? (Tick ONE only)

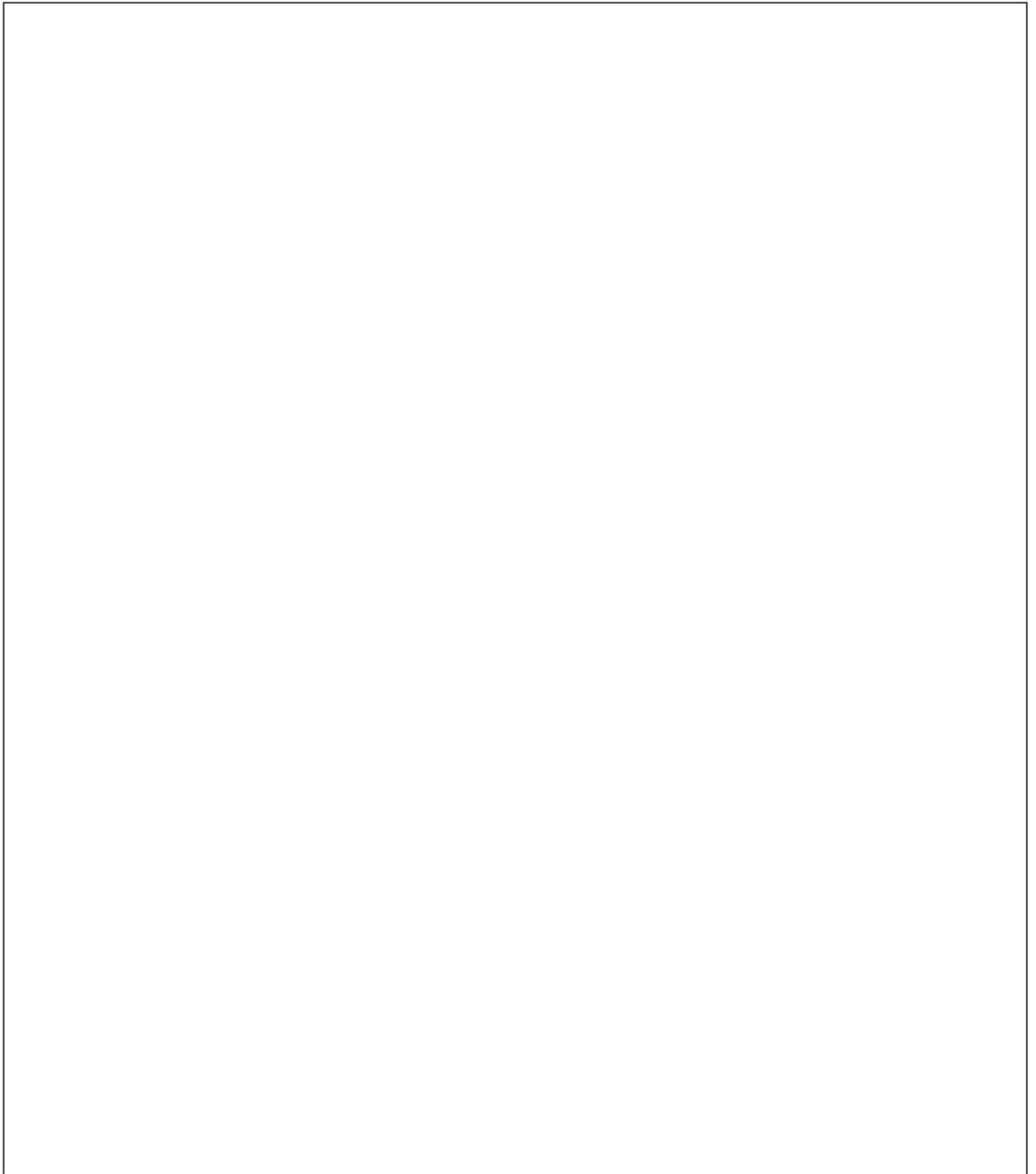
- White British .....  1
- Any other white background.....  2
- Mixed.....  3
- Asian or Asian British .....  4
- Black or Black British .....  5
- Any other ethnic group .....  6
- Prefer not to say .....  7

Q20

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

Q21 Is there anything else you would like to tell us?



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