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

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 h to make your complaint?		
	Leaflet/ Poster at the organisation		
	Leaflet/ Poster from elsewhere 2		
	I spoke to a member of staff ³		
	I spoke to a health complaints advocate 4		
	Organisation website		
	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 <u>first</u> raised your complaint?		
	Yes, definitely		
	Yes, to some extent		
	No		
	Not sure/ don't know		

Q3	Was this your first attempt to make this complaint?
	Yes Go to Q5
	No, I had tried to make it somewhere else or with someone else first 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 <u>made</u> your complaint, were you made aware of the support available to you from another organisation e.g. advocate?
	Yes, and I found this useful
	Yes, but I did not find this useful
	Yes, but I did not want or need this
	No, but I would have liked this
	No, but I did not want or need this
	Not sure/ don't know

	the organisation) to make your complaint?
	Phone
	Email ²
	Paper Letter
	By completing a form or leaflet (online or paper)
	Face-to-face discussion
	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
	No, and this was a problem for me
Q8	Did you find it easy to make your complaint?
	Yes, completely Go to Q10
	Yes, to some extent Go to Q10
	No Go to Q9

How did you make **or** how were you advised (by

Q6

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
	Yes, to some extent
	No, and this bothered me
	No, but I did not mind
	Not applicable
	Don't know/ can't remember

SECTION 3: ACKNOWLEDGEMENT OF COMPLAINT

Q11	1 Did you feel you received an acknowledgeme within an acceptable time?		
	N.B. This does not include automa responses.	ited online	
	Yes	1	
	No	2	
	I did not receive an acknowledger	nent 3	
	Not sure/ don't know	4	
Q12	Were you offered a discussion about complaint?	out your	
	Yes, and I wanted this	Go to Q13	
	No, but I did not need this3	Go to Q14	
	No, but I would have liked this	Go to Q14	
Q13	Was this discussion at a time of yo	our choice?	
	Yes	1	
	No, but I did not mind	2	
	No, and this was a problem for me	9	

Q14	Were you informed of a timescale for responding to your complaint?
	Yes, and I was satisfied with this
	Yes, but I was not satisfied with this
	No ³
	Not sure/ don't know
	Not applicable
Q15	Did the organisation summarise the main points of your complaint?
	Yes, and these were correct
	Yes, but these were not correct ²
	No ³
	Not sure/ don't know
Q16	Was your complaint about more than one organisation ?
	Yes Go to Q17
	No Go to Q19
Q17	Did you feel these organisations worked well together to manage your complaint?
	Yes, definitely Go to Q19
	Yes, to some extent Go to Q19
	No 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
	No, but I did not want or need this

	about what was happening to your complain	nt?
	Yes, completely	1 2 3 4
Q21	If you received updates about your compla before you received the outcome, did you f that these were personal to you and your complaint?	
	Yes, completely	1
	Yes, to some extent	2
	No	3
	I did not receive any updates	4

Q20 Did you feel that you were updated **enough**

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
	No2
	No timescales were given
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
	Yes, I received this in writing (including email)
	Yes, I received this in another format
	No ⁴
	Don't know/ can't remember

Q24 In what format did you receive the outcom your complaint? (Please tick ALL boxes th apply)		
	Paper Letter	
	Email ²	
	Phone call	
	Face-to-face meeting	
	Other	
Q25	Did you feel that this was the right format for the outcome of your complaint?	
	Yes, completely	
	Yes, to some extent	
	No ³	
Q26	Was the outcome of your complaint explained to you in a way that you could understand?	
	Yes, completely	
	Yes, to some extent	
	No	

Q27	Did you feel that the response you addressed the points you raised in complaint?		ed
	Yes, all points	Go to	Q29
	Yes, most of the points 2	Go to	Q28
	Yes, a few of the points	Go to	Q28
	No, none of the points	Go to	Q28
Q28	Did you seek an additional respon points that were not addressed?		ne
	Yes		1
	No		2
	I did not know how to do this		3
Q29	Were you satisfied with the outcon complaint?	ne of yo	ur
	Yes, completely		1
	Yes, to some extent		2
	No		3
	Don't know/ can't remember		4

Q30	Were you satisfied with the recommendations i response to your complaint?				
	Yes, completely				
	Yes, to some extent				
	No ³				
	I did not receive any recommendations				
	Don't know/ can't remember				
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				
	Yes, by both the organisation and another source				
	No ⁴				
Q32	Did you feel that your complaint was handled professionally by the organisation you complained to?				
	Yes, completely Go to Q34				
	Yes, to some extent Go to Q33				
	No 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 <u>making</u> complaint your care (or the care of to on behalf of whom you complained) affected?	the person
	Yes, it has made the care better	Go to Q35
	Yes, it has made the care worse	Go to Q35
	No, it has not affected the care	Go to Q36
	Care has not been received from this organisation since making my complaint	Go to Q36
	5	20 10 400

Q35 Please tell us how making the complaint affecte the care received:	·			
If you would like a response from the organisation about this issue, please leave you 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 complai or about this organisation again?				
	Yes, definitely	Go to Q38		
	Yes, maybe	Go to Q38		
	No	Go to Q37		
Q37	Why do you feel you wouldn't comp this organisation again?	olain to or about		
Q38	Did you receive any explanation of complaint would be used to improve	•		
	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 <u>made</u> <u>the complaint</u>

Q39	How old are you (in years)?
Q40	Which of the following best describes you?
	Male 1
	Female
	Prefer not to say
	Prefer to self-describe
Q41	Is your gender identity the same as the gender you were registered at birth?
	Yes ¹
	No
	Prefer not to say

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 think of yourself?	you	J
	Heterosexual / straight	1	
	Gay / lesbian	2	
	Bisexual	3	
	Other	4	
	Prefer not to say	5	

Q44	To which of these ethnic groups would yo you belong? (Tick ONE only)	u s	ay		
	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?				

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Thanks very much for your help.