**Template for Acknowledgement for Complaints/Incidents Requiring a Written Response**

## Notes

This template indicates the information and, where appropriate, suggested text to be provided within the complaint/incident acknowledgement. The format, font styles and document layout will be specific to the organisation that issues the acknowledgement.

Due consideration should be given to patients who wish to remain anonymous and/or do not wish their personal information to be shared with other organisations or where it is not appropriate for the patient to receive information about the incident. In these cases, the incident may need to be additionally designated as a safeguarding incident if patient information is to be shared without patient’s informed consent.

## Acknowledgement Content

Homecare organisation name

Homecare organisation Address

Acknowledgement date

**“Private and Confidential – may contain patient identifiable information”**

## Subject: Acknowledgement of a report of a complaint/incident concerning xxxxxxxxx

Reference Homecare incident number:

Clinical Referring Centre / Hospital:

Homecare service or therapy:

*If the complaint/incident involves a patient include the following data:-*

Homecare organisation patient number:

Patient NHS number and/or hospital number:

Patient name:

Carer’s name (if applicable):

Date complaint / incident was reported:

Date of incident /event which lead to the complaint:

Summary of the original complaint or incident:

Duty of Candour declaration (if appropriate)

An apology:

*Confirmation that an investigation into the complaint/ incident will take place and a response including a summary of the investigation findings and actions we take as a result will be sent to the reported within 30 business days. Indicate which organisations are/will be involved in the investigation and how the patient’s personal information will be shared.*

If you would like to clarify or discuss any information in this acknowledgement please contact me on using the contact details below.

Signature:

Print Name

Job title:

Contact details:

A copy of this response will be sent to your referring hospital for information