**NHS Independent Complaints**

**Advocacy Service (ICAS)**

**Referral Form**

**Please complete this form in full and return it to [email address] or return by post to our address below**

|  |  |
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| **Your name:** |  |
| **Date of Birth** |  |
| **Your address:** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Meeting your needs and speaking your language**  We will make every effort to adapt how we communicate with you to meet your needs. Please let us know what your particular needs are, and we will do our best to help. | |
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| How did you hear about us?  (*Please circle*) | Through the internet | Word of mouth |
| From another organisation (*please state*) | |

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| **Are you complaining on behalf of someone else?** | |
| Patients name: |  |
| Your relationship to the patient: |  |
| Patient’s Date of Birth |  |

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| **NHS complaint is about (*e.g. GP surgery, Hospital*)** | |
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| **Name of NHS staff involved in complaint:** | |
|  | |
| **Brief outline of the issue(s)** | |
|  | |
| **When did the treatment or incident happen?**  **(day/month/year)** |  |
| **Are there any meetings coming up?** |  |
| **Are there any risks we need to be aware of - either to the person you are referring or to people working with them?** | |

**We will contact you within 2 working days of receipt of your referral**

**If you need support to complete this form you can get in touch by phone, email, or through our website.**

Freephone: 0800 048 7856

Secure email: [**nhsadvocacy@yvc.org.uk**](mailto:nhsadvocacy@yvc.org.uk)

**Website:** [**www.yvc.org.uk**](http://www.yvc.org.uk)

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| **Equality & Diversity Monitoring** |
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| We ask for information about age, gender, sexual orientation, race, religion, and disability. This information is known as ‘equality monitoring data’ and helps us to monitor equality of access and opportunity and helps us to improve the services that we provide. We will only use the data for this purpose, and it will be held securely. We will hold the data for 6 years. |

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| **Equality Monitoring Data** | | | |
| **Male** | **Transgender** | **Female** | **Other** |

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| **How would you describe your your ethnic origin or background?** | |
|  | **White**  Includes British, Northern Irish, Irish, Gypsy, Irish Traveller, Roma or any other White background. |
|  | **Mixed and Multiple Ethnic Groups**  Includes White and Black Caribbean, White and Black African, White and Asian or any other Mixed or Multiple background. |
|  | **Asian or Asian British**  Includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background. |
|  | **Black, Black British, Caribbean or African**  Includes Black British, Caribbean, African or any other Black background. |
|  | **Other ethnic Group**  Includes Arab or any other ethnic group. |

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| **How would you describe your Gender?** | | | | | |
| **Male** | **Female** | **Non-binary** | **Intersex** | | **Other** |
| **Is the gender you identify with the same as your sex registered at birth?** | | | | **No** | |
| **Yes** | |

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| **How would you describe your sexual orientation?** | | | |
| **Straight or Heterosexual** | | **Gay or Lesbian** | **Bi-sexual** |
| **Other sexual orientation:** |  | | |

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| **How would you describe your religion or beliefs?** | | | |
|  | **No Religion** |  | **Jewish** |
|  | **Christian** |  | **Muslim** |
|  | **Buddhist** |  | **Sikh** |
|  | **Hindu** |  | **Don’t know** |
|  | **Other specify:** | | |

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| **What primary condition have you been diagnosed with?** | | | |
|  | **Physical ill health** |  | **An acquired brain injury** |
|  | **A physical disability** |  | **A sensory impairment** |
|  | **Mental ill health** |  | **A learning disability** |
|  | **Autism** |  | **Dementia** |
|  | **Other (please specify):** |  | **Do not know** |
|  | | | |

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| **Please indicate any other conditions you have** (*tick all that apply*) | | | |
|  | **A learning disability** |  | **Mental ill health** |
|  | **A physical disability** |  | **A sensory impairment** |
|  | **Dementia** |  | **Autism** |
|  | **An acquired brain injury** |  | **Physical ill health** |
|  | **Do not know** |  | **Profound and multiple learning disabilities** |
|  | **Other specify:** | | |