Standard Letters  
for use by  
**Complaints Officers**

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# General Information

All correspondence should be typed on HSE headed paper.

**Please note that the following standard letters should be tailored and personalised to suit the type & nature of the complaint.**

Remember:

* Identify what questions the complainant wants answered
* Address each item of concern clearly
* Make recommendations
* In your response delete any standard fields not required - in particular please ensure that you delete the sections that do not apply to your complainant e.g.
  + Double check title – Miss, Mrs, Mr.
  + Use the Office of the Ombudsman or Office of the Ombudsman for Children as appropriate.

**In relation to timeframes, please note ‘days’ outlined within the following standard letters refers to working days i.e., does not include weekends and bank holidays.**

# Letter from Complaints Officer to Complainant acknowledging receipt of Complaint - when the complaint submitted is outside legislative timeframes

(within 5 working days of the complaint being received)

*[Insert complaint officer’s address]*

*[Insert HSE reference number]*

*[Insert date]*

**Private & Confidential**

*[Insert complainant’s name and address]*

Dear *[Insert complainant’s name]*

Thank you for your recent correspondence regarding a complaint made on *[insert date]* to *[insert HSE location/service].*  I wish to inform you that I have been assigned as Complaints Officer to examine this matter.

I note your complaint relates to issues that occurred on *[insert date].*

Under *Your Service Your Say, the Management of Service user Feedback for Comments, Compliments and Complaints* policy and in line with the Health Act 2004, a complaint can be submitted up to 12 months after the date on which the matter which is the subject of the feedback occurred or became known. However a Complaints Officer has the discretionary delegated authority to investigate a complaint outside these timeframes if they deem it appropriate to do so.

Section 47 of Part 9 of the Health Act 2004 states:

(1) A complaint must be made within the specified period or any extension of that period allowed under subsection (3).

(2) The specified period is 12 months beginning before or after the commencement of this section, but not later than—

(a) the date of the action giving rise to the complaint, or

(b) if the person by whom or on whose behalf the complaint is to be made did not become

aware of that action until after that date, the date on which he or she becomes aware of it.

(3) A complaints officer may extend the time limit for making a complaint if in the opinion of the complaints officer special circumstances make it appropriate to do so.

[Consider the circumstances for the delayed complaint and decide to proceed or not proceed. Accompany this decision with an explanation,

*Unfortunately, having considered the circumstances for the delay in submitting your complaint I will not be proceeding with an investigation into your complaint. [insert explanation]*

*OR*

*Having considered the circumstances for the delay in submitting your complaint I am happy to proceed with investigating your complaint.*

*I propose to conduct and conclude this investigation within 30 working days of receipt of your complaint, that is, [insert date].*

*If I am not in a position to conclude the investigation within the proposed timeframe I will notify you in writing of the fact and provide you with an alternative conclusion date.*

*Should you wish to clarify any matter or issue relating to the report please do not hesitate to contact me on [insert phone number/email]. Please personalise as appropriate.*

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Complaint Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Summary Letter Template (To be used when ALL issues within a complaint are resolved informally e.g. over telephone or through face to face meeting)

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

Thank you for your *(letter/email)* dated, *(insert date,* which was received on *(insert date)*. As per our *(telephone conversation/ meeting this morning/yesterday, etc.)* I would like to again offer my sincerest apologies over the *(insert detail on issue/s )*. I can appreciate your frustration and I can assure you that this is not the level of service we would wish for our service users to experience.

*(Insert summary of explanation that was discussed over phone/at meeting)*. Again I sincerely apologise for *(insert specifics)*. As I outlined to you in our conversation *(detail of steps taken to prevent issues reoccurring)*. You agreed that you were satisfied that *(this element/these elements)* of your complaint have been addressed, however, if you change your mind and require further investigation around *(this issue/these issues)* then please don’t hesitate to contact me.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Letter seeking further information

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

I refer to your letter of complaint dated *(insert date),* which was received on *(insert date).*

I would be grateful if you could contact me either by telephone or in writing to clarify the following *(insert details of where clarification is needed e.g. exact location, date of incident, etc.)* so that I can fully investigate your complaint. I would be most obliged if you could please forward these details to me within 10 working days of receipt of this letter.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Letter following lack of response to request for further information

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

I refer to my letter(s) dated *(insert date of initial and reminder letter that have previously issued)* seeking further information in relation to *(insert detail)* and I have not yet received a response from you. *(Please note that I have also attempted to contact you unsuccessfully on the number you have provided) - (insert where appropriate).*

If I do not hear from you by *(insert date: 10 working days from today’s date),* I will be unable to conduct an investigation due to insufficient information being provided and I will have to consider the matter closed.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Letter Notifying Complainant of complaint being sent for investigation under an alternative pathway

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

I refer to your letter of complaint dated *(insert date),* and received (insert date). Please note that as the issue within your complaint is relation *to (insert as appropriate, i.e. clinical issue/HR issue, etc.)* I have forwarded it on to *(insert contact details as appropriate)* who will be in contact with you directly about their investigation.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Notification Letter to be sent to Clinical Staff when a complaint contains both YSYS & a clinical element

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

Dear *(Insert Title & name)*

Please find attached *(insert as appropriate a complaint letter or an extract from a complaints letter)* where a complaint involves a matter(s) of clinical judgment. As per YSYS Feedback Policy 2017, such matters involving clinical judgment must be sent to the appropriate clinical professional for investigation and response.

Please find attached **Clinical Judgment Complaint Response Report** template which may be of assistance to you in your investigation. Please note that I am investigating other non-clinical issues and hope to have my response completed by *(insert as appropriate).*

I will be attaching your final report in my overall response therefore if you anticipate any delays or would like to arrange a meeting with the complainant please let me know and I will endeavour to facilitate same.

I would be most obliged if you could have your report to me by *(insert date),* and if you wish to discuss anything please don’t hesitate to contact me.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

## Template For Clinic Judgment Complaint Report

**HSE Reference Number (supplied by Complaint’s Officer)**

**Summary of Issue(s):**

**Investigative Process:**

**Findings & Recommendations:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title / Name**

**Date of Report**

# Standard Acknowledgement Letter (no Clinical elements/ issues resolved informally)

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

Thank you for your *(letter/email)* dated *(insert date),* which was received on *(insert date),* regarding your concerns arising from *(insert detail).*

I will be undertaking a full investigation of the issues listed hereunder and hope to have a response to you by *(insert date 30 working days from date of acknowledgment).*

*(List and number non-clinical issues identified within complaint)*

I would be grateful if you could contact me within 5 days of receipt of this acknowledgement if you **do not wish** for your personal information held by the HSE to be accessed by me. Please note that in my investigation, the only records I may need to access are only those that relate specifically to the issues identified within your complaint. If I do not hear from you within that timeframe I will proceed with my investigation on the basis that you do not object to me accessing your personal information.

Please note that you will be kept informed of any delays that may arise in dealing with your complaint.

If on conclusion of the investigation you are not satisfied with the outcome of this process then you can appeal the decision by either seeking a review within the HSE or by contacting the Office of the Ombudsman directly. Contact details are below and will of course be again outlined within my final report.

*Insert*

To request an internal review, please contact:

Complaint Manager

Address

Tel:

To request an independent external review, please contact:

Office of the Ombudsman

6 Earlsfort Terrace, Dublin 2, D02 W773  
Tel: +353-1-639 5600   
LoCall: 1-890-223030(from outside 01 area)   
Fax: +353-1- 6395674   
E-mail: [complaints@ombudsman.ie](mailto:complaints@ombudsman.ie)

*OR, as appropriate*

Office of the Ombudsman for Children

Millennium House

*52-56 Great Strand Street*

*Dublin 1*

D01 F5P8

Tel: +353-1-8656800   
LoCall: 1-890-654654(from outside 01 area)   
E-mail: [oco@oco.ie](mailto:oco@oco.ie)

***May need to remove this paragraph in very serious cases***

*Thank you again for taking the time to bring your concerns to our attention. We welcome all feedback as this provides us with a valuable insight into our services from the service user perspective and can inform service improvement.*

If you require further clarification on anything then please don’t hesitate to contact me on the number below.

Please note that the details of your complaint will be recorded on the HSE’s Complaints Management System (electronic system on which all HSE complaints are recorded).

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Complex Acknowledgment letter where complaint contains both YSYS and a clinical element

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert Name)*

Thank you for your letter dated *(insert date),* regarding your concerns arising from *(insert details).*

*1) To be used if any of the issues are resolved informally.*

As per our *(insert as appropriate e.g. telephone conversation/meeting yesterday/ this morning/last week)* I would like to again offer my sincerest apologies over the *(insert the specific issue/s that were resolved informally).* I can appreciate your frustration and I can assure you that this is not the level of service we would wish for our service users.

As I explained *(insert explanation of what went wrong and what has been agreed to be done to resolve issue)*. Again I sincerely apologise that *(insert details).* As I outlined to you (*insert as appropriate this morning/yesterday/last week on the phone/at the meeting)*, *(insert action that has been taken).* You agreed that you were satisfied that this element of your complaint has been addressed. However if you change your mind and require further investigation around this then please don’t hesitate to contact me.

I will be undertaking a full investigation of the issues listed hereunder and hope to have a response to you by *(insert date 30 working days from date of acknowledgment)*.

*(List and number non-clinical issues identified within complaint)*

I would be grateful if you could contact me within 5 days of receipt of this acknowledgement if you **do not wish** for your personal information held by the HSE to be accessed by me. Please note that in my investigation, the only records I may need to access are those that relate specifically to the issues identified within your complaint. If I do not hear from you within that timeframe I will proceed with my investigation on the basis that you do not object to me accessing your personal information.

Please note that you will be kept informed of any delays that may arise in dealing with your complaint.

If on conclusion of the investigation you are not satisfied with the outcome of this process then you can appeal the decision by either seeking a review within the HSE or by contacting the Office of the Ombudsman directly. Contact details are below and will of course be again outlined within my final report.

*Insert*

To request an internal review, please contact:

Complaint Manager

Address

Tel:

To request an independent external review, please contact:

Office of the Ombudsman

6 Earlsfort Terrace, Dublin 2, D02 W773  
Tel: +353-1-639 5600   
LoCall: 1-890-223030(from outside 01 area)   
Fax: +353-1- 6395674   
E-mail: [complaints@ombudsman.ie](mailto:complaints@ombudsman.ie)

*OR, as appropriate*

Office of the Ombudsman for Children

Millennium House

*52-56 Great Strand Street*

*Dublin 1*

D01 F5P8

Tel: +353-1-8656800   
LoCall: 1-890-654654(from outside 01 area)   
E-mail: [oco@oco.ie](mailto:oco@oco.ie)

*2) To be used when the complaint contains both YSYS and clinical elements*

In relation to *(insert details of clinical issue/s)* outlined within your complaint please note that *this/these* are clinical issue/s have been referred to *(insert appropriate clinical person)* for investigation and response. I hope to include this response with my final report which will be sent to you outlining my findings and recommendations.

***May need to remove this paragraph in very serious cases***

*Thank you again for taking the time to bring your concerns to our attention. We welcome all feedback as this provides us with a valuable insight into our services from the service user perspective and can inform service improvement.*

If you require further clarification on anything then please don’t hesitate to contact me on the number below.

Please note that the details of your complaint will be recorded on the HSE’s Complaints Management System (electronic system on which all HSE complaints are recorded).

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# What To Expect Overview Leaflet (To be sent with acknowledgement letter)

**The Your Service Your Say –*what to expect sheet has been developed to give the Complainant an overview of the YSYS complaints process and can be sent out with the Acknowledgment Letter***

**Your Service Your Say – *what to expect.***

A written complaint sent into the HSE or a verbal complaint that could not be resolved at the point of contact will be examined by a Complaints Officer under **Stage 2 HSE Formal Complaint Investigation** of the Your Service Your Say process.

The Complaints Officer upon receipt of a complaint will assess the complaint to make sure that it can be investigated under Your Service Your Say. You will be advised if the complaint needs to be examined under a different process and the Complaints Officer will ensure that your complaint is forwarded to the appropriate office or service.

**Stage 2: HSE Formal Investigation Process**

The Complaints Officer may contact you and attempt to resolve your complaint informally. However, if the complaint cannot be informally resolved or only partially resolved, the Complaints Officer will proceed to a formal investigation of the complaint.

The Complaints Officer will acknowledge your complaint within 5 working days setting out the issues to be investigated.

The Complaints Officer will also advise you that they may need to access your personal information as needed in order to fully investigate the complaint. ***Please be assured that only those records that relate specifically to the issues identified within your complaint will be accessed and only those involved in investigating your complaint will have access to this information***. Your information will be safeguarded in line with Data Protection legislation and regulations. However, if you do not wish for your personal information to be accessed then you will have 5 days from receipt of the acknowledgement to advise of this. Otherwise, the Complaints Officer will proceed with the investigation on the basis that you do not object to the accessing of your personal information.

If a complaint is submitted by a third party on your behalf, the Complaints Officer will contact you directly to confirm your consent to the complaint and your permission for the Complaints Officer to communicate with the person who submitted the complaint and answer any questions they raise. They will also seek your preference in regard to being copied on all communication. The Complaints Officer will include a HSE Consent Form for you to complete and return which will indicate your consent or otherwise and your preferences.

The Complaints Officer will try to investigate your complaint within 30 working days, but will advise you if more time is needed before the end of the 30 working day period. The Complaints Officer will then keep you updated every 20 working days thereafter if additional time is needed.

When the Complaints Officer has completed the investigation a report will be issued outlining the issues that were examined, how these were investigated, the findings and any recommendations arising as a result of your complaint. In the cover letter accompanying the report the Complaints Officer will also set out your rights for further review of your complaint should you be unhappy with the outcome of the investigation under Stage 2 of the Your Service Your Say process.

You can request a **Stage 3 HSE Internal Complaint Review** where a Review Officer will be appointed to examine the appropriateness of any recommendations made having regard to all aspects of the complaint and its investigation.

**Stage 3: HSE Internal Complaint Review**

**al Investigation Process**

**Stage 4: Independent Review**

**al Investigation Process**

You can also request a **Stage 4** **Independent Review** of your complaint from, for example, the Office of the Ombudsman / Ombudsman for Children, either directly after Stage 2 or following a Stage 3 Internal Review.

Further information on Your Service Your Say can be found at [www.hse.ie/yoursay](http://www.hse.ie/yoursay)

Information on the advocacy services available to assist you with your complaint can be found at <https://www.hse.ie/eng/services/yourhealthservice/feedback/services/>

# Letter requesting consent to investigate a complaint where the complaint is made by a third party

*[Insert HSE reference number]*

*[Insert date]*

**Private and confidential**

*[Insert patient/service user name and address]*

Dear *[Insert patient/service user title and name]*

I wish to advise you that *[insert name of person who submitted the complaint]* has contacted the HSE on your behalf.

*[Insert name of person who submitted the complaint]* has made a complaint on your behalf regarding *[insert summary of request].*

As this request is about your *[care and treatment],* I must check whether or not you consent to an investigation taking place. I will therefore also need your consent to access your files as part of the investigation.

I would also need your permission to liaise with *[insert name of person who submitted the complaint]* *as* your advocate. This means that I would write to *[insert name of person who submitted the complaint]* directly about your care and try to answer any questions *[he/she]* raises.

If you do not want an investigation to take place, I will close the request and notify *[insert name of person who submitted the complaint]* It is also open to you to raise any complaints you have directly with the *[insert name of service provider]* if you wish.

I am enclosing a consent form. Please read carefully and I would be grateful if you would complete this and return to me at the above address by *[insert date to cover10 working days]* If I do not hear from you by this date I will take this as confirmation that you are not happy for this complaint to be investigated*.* If you have any questions or you would like to discuss any part of this letter, please do not hesitate to contact me. My number is *[insert telephone number / email address]*.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name]*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

PRINT ON HEADED PAPER

Hospital Group / CHO Area

Logo

**HSE Consent Form**

*[Insert HSE reference number]*

*[Insert name and address of patient / service user]*

**Please tick to show what you would like to happen.**

|  |
| --- |
| **I,** *[Insert name of patient / service user],*grant permission to *[insert name of complaints officer]* to access my personal patient confidential information for the purpose of investigation of the complaint.  I also grant the complaints officer permission to send correspondence to and receive correspondence from *[insert name of person who submitted the complaint]* on my behalf.  **I give my consent for this complaint investigation to proceed.** **⬜**  **I wish to be also copied on all correspondence sent to my Advocate.** **⬜** |
| **OR** |
| **I,** *[Insert name of patient / service user],*do not grant *[insert name of complaints officer]* permission to access my personal patient confidential information as part of this complaint investigation and I would like this request to be closed.  **I do not give my consent for this complaint investigation to proceed. ⬜** |

Telephone number: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
|  | *[Type name of complainant]* |  |  |

# Letter Notifying Delay

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

I refer to your letter of complaint dated *(insert date)* and acknowledged by me on *(insert date)*. I wish to apologise that there has been a delay in responding to your complaint by *(insert original response date)*. This delay is due to *(insert reason for delay)*. You can now expect a response by *(insert date)*.

I again apologise for any inconvenience caused. If you have any queries in relation to this matter, please do not hesitate to contact me *(insert telephone/email)*.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Letter to be sent to complainant who Has Withdrawn their Complaint

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

Further to your recent contact by *(phone/email/letter)* I note that you no longer wish to pursue your complaint. I now consider this complaint withdrawn and closed.

If I can be of any further assistance in the future please do not hesitate to contact me *(insert phone number/email).*

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

# Cover Letter for Final Report

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert name and complainant’s address)*

Dear *(Insert complainant’s title and name)*

I wish to inform you that I have completed my investigation into your complaint dated *(insert date),* which I received on the *(insert date).* I now attach for your information a copy of my report outlining the investigation process and my findings and recommendations.

If you wish to have any matter or issue clarified please do not hesitate to contact me on *(insert contact number)* or e-mail me at *(insert e-mail)*.

Please note that each of the recommendations outlined within my report will be sent to the Accountable Officer, *(insert name & title)* who will within 30 working days of receiving this report, notify you in writing of the steps being taken to implement the recommendations made. If, for any reason, the Accountable Officer decides to amend/reject any of these recommendations, *he/she* must set out clearly in writing the reasons for doing so.

Again I would like to sincerely apologise for *(insert reason).* I can assure you that this is not the level of service we would wish to provide.

If you are dissatisfied with my recommendation(s) you are entitled to seek a review of same by writing, within 30 working days, to either the HSE Complaints Manager (details below) who will assign a Review Officer to your case, or to the Office of the Ombudsman */ Ombudsman for Children*, setting out in writing the grounds for your dissatisfaction with my recommendations.

*Insert*

To request an internal review, please contact:

Complaint Manager

Address

Tel:

To request an independent external review, please contact:

Office of the Ombudsman

6 Earlsfort Terrace, Dublin 2, D02 W773  
Tel: +353-1-639 5600   
LoCall: 1-890-223030(from outside 01 area)   
Fax: +353-1- 6395674   
E-mail: [complaints@ombudsman.ie](mailto:complaints@ombudsman.ie)

*OR, as appropriate*

Office of the Ombudsman for Children

Millennium House

*52-56 Great Strand Street*

*Dublin 1*

D01 F5P8

Tel: +353-1-8656800   
LoCall: 1-890-654654(from outside 01 area)   
E-mail: [oco@oco.ie](mailto:oco@oco.ie)

Please note that you will also find attached a separate clinical judgment report in Appendix *(insert number)* from the *(insert Clinical person name & title)* in relation to *(her/his)* investigation around the clinical element of your complaint i.e. *(outline clinical issue(s))*. Any further queries around this element of your complaint should be directed to the *(insert clinical person’s name)*.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

*cc Accountable Officer*

*Enc Complaints Officer Report*

For further information on the HSE’s complaint’s process please visit <http://www.hse.ie/yoursay>

**Private and confidential**

# Complaints Officer Report and Recommendations

****

Reference number (Insert Number)

Table of contents

1. Summary of the complaint

2 Informally Resolved Matters (Remove if appropriate)

3 Clinical Issues (Remove if appropriate)

4 The investigative process

5 Findings & Recommendations

6 Learning

7 Recommendation summary

8 Appendices

1. Summary of the Complaint

In this section give a brief summary of the complaint *(****Who*** *made the complaint?,* ***What*** *is the complaint about?,* ***Where*** *did the alleged incident happen?,* ***When*** *did it happen?)* *and the key issues to be examined: For Example:*

*(Insert service user’s name)* wrote to the HSE on *(insert date),* regarding *his/her* complaint. The complaint was received by the HSE on the *(insert date).*

The key issues of concern outlined by the service user were:

*(Insert detail as appropriate)*

(Remove the following if no specific questions asked)The service user has raised specific questions in relation to these issues:

*(Insert detail as appropriate)*

The above issues have been summarised as follows for the rest of this report:

List and number the issues outlined within the complaint. They may come under headings such as:

Issue 1: Staff Behaviour and attitudes: *insert detail*

Issue 2: Environmental issues – *insert detail*

Issue 3: Service Issues – *insert detail*

Issue 4: Clinical Matters – *insert detail*

Issue 5: Communication – *insert detail*

1. Informally Resolved Matters (Remove this heading if not appropriate

Issue number: *(Insert number)(insert detail)*: As outlined in the Acknowledgment letter, a *(phone call/meeting)* was made to service user on the *(insert date),* where this issue was discussed and resolved informally. *(Insert any agreed action as a result of meeting/phone call, for example: Sincere apologies were issued to the service user and an \_\_\_\_\_ plan has been put in place to prevent such events occurring in the future)*.

The service user has been informed in previous correspondence of their right to request a further investigation of these informally resolved matters if they so wish.

1. Clinical Issues (Remove this heading if not appropriate)

The Health Act 2004 defines clinical judgement as:

*‘a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient’.*

**Issue number 5**. Clinical Matters *– (insert detail)*

This issue has been referred to the *(insert name & title of clinical person)* for investigation.

*A separate response is included with this report See Appendix 2.*

4. The Investigative Process

List complaint issues below (for example)

*Issue 1: Staff Behaviour and attitudes – give detail*

*Issue 2: Service Issues – give detail*

*Issue 3: Service Issue – give detail*

*Issue 4: Communication – give detail*

*Insert a description of the investigation process*

***Issue 1****: (insert detail) – Investigation of this issue encompassed the following:*

*(insert detail)*

***Issue 2:*** *- (insert detail) Investigation of this issue encompassed the following:*

*(insert detail)*

***Issue 3:*** *- (insert detail) Investigation of this issue encompassed the following:*

*(insert detail)*

***Issue 4:*** *- (insert detail) Investigation of this issue encompassed the following:*

*(insert detail)*

5. Findings & Recommendations

* Outline the findings of your investigation / give a summary of the outcome of the investigation. Where relevant answer the following questions:
  + How did the incident happen?
  + Why did it happen?
* State whether you acknowledge any fault on behalf of the HSE – apologise where the HSE is at fault**.**

**Issue 1: *(****insert detail) – Investigation of this issue encompassed (insert detail****)***

**Finding:**

Below is an example of wording that could be used in a situation where you are unable to uphold a complaint due to lack of evidence to support the complaint:

*Example ‘I am unable to uphold your complaint in relation to this specific issue as I am unable to reach a determination one way or the other on the matter.  I would like to emphasise however that this does not mean that I do not accept your version of events, merely that it is not possible to reach a conclusion on this issue.’*

**Finding*:***

This complaint is ***upheld/not upheld****.*

**Recommendation**: *(insert recommendations)*

**Issue 2:** *(insert detail) – Investigation of this issue encompassed (insert detail)*

**Finding*: (****insert detail)*

This complaint is ***upheld/not upheld***

**Recommendation: *(****insert recommendations)*

6. Learning *(insert detail on any learning identified as a result of complaint)*

*For example:*

*I would like to take this opportunity to thank you again for taking the time to contact us with your concerns. I want to assure you that the investigation and recommendations outlined above has resulted in important learning for the Centre and subsequently will lead to service improvement.*

7. Recommendation Summary

**List detail of all recommendations below:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaints Officer

8. Appendices

*Appendix 1 Clinical Report*

# Service User Feedback form (Optional form which can be sent with final report)

***The Complaint Handling - Service User Feedback Form can be included with the final report going out to the Complainant. Please ensure your local Complaint Managers details are inserted at the bottom of this form***.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complaint Handling: Service User Feedback Form** | | | | | | |  | | | |
| **Name of Complaints Officer (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |  | | | |
|  |  | | | | | | **Yes** | | **No** | |
| **1.** | **Was your complaint handled within the required complaint investigation timeframes, as follows:** | | | | | |  | |  | |
|  | 1. Was your initial contact with your Complaints Officer within 48hrs/two working days? | | | | | |  | |  | |
|  | 1. Did you receive an initial acknowledgement of your complaint within five working days? | | | | | |  | |  | |
|  | 1. Did the acknowledgement set out the issues to be investigated and provide you with your review rights? | | | | | |  | |  | |
|  | 1. Was the investigation into your complaint completed within 30 working days? | | | | | |  | |  | |
| **2.** | **If applicable, were you advised of a delay to the investigation** (*that it would take longer than 30 working days*) **and any ongoing delay?**  *(target is every 20 working days, after delayed investigation deadline)* | | | | | |  | |  | |
| **3.** | **Were you pleased with the quality of communication with the HSE** (Complaints Officer) **during the complaints process?** | | | | | |  | |  | |
| **4.** | **Did you receive an investigation report that set out the issues to be investigated, how there were examined, the findings and the recommendations?** | | | | | |  | |  | |
|  |  | | | | | |  | |  | |
|  | *Additional remarks and comments:* | | | | | |  | |  | |
|  |  | | | | | |  | |  | |
| **6.** | **Were you made aware of your rights to request an HSE Internal Review of your complaint, and/or External Review** *(e.g. Office of the Ombudsman, etc.)?* | | | | | |  | |  | |
|  |  | | | | | |  | |  | |
| **7.** | Overall, how satisfied are you with the handling of your complaint? | | | | | |  | |  | |
|  | Tick ***one*** as appropriate: | | |  |  | |  | |  | |
|  | Excellent |  | Adequate |  |  |  | |  | |
|  | Good |  | Poor |  |  |  | |  | |
|  | Satisfactory |  | Unsatisfactory |  |  |  | |  | |
|  |  | | | | | |  | |  | |
|  | *Additional remarks and comments:* | | | | | |  | |  | |

**Thank you for taking the time to complete this evaluation.**

**Please return the form to the Complaints Manager.**

Complaint Manager Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Letter to accountable Officer Outlining recommendations made

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert - Re: (complainant name))*

*(Insert date)*

*(Insert name and Address of accountable officer)*

Dear *(Insert accountable officer’s name)*

In line with Your Service Your Say Feedback Policy 2017, I recently undertook an investigation into a complaint made by the above named service user. As a result, I have made a number of recommendations regarding your service area. The relevant portion of the investigation report, including recommendations made, is enclosed.

In accordance with YSYS Feedback Policy, you are required to notify both the service user and myself of your intention to accept or reject these recommendations. If you are accepting these recommendations you must complete the attached action plan template for each recommendation listed. If you reject any of the recommendations you must outline reasons for same.

The final report went to the complainant on *(insert date),* therefore your Action Plan is due 30 working days from this date. Enclosed is the Action Plan template which should be completed.

If you have any queries please don’t hesitate to contact me.

Yours sincerely

\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer

## Action Plan Template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Plan Template** | | | | |  |
| **No.** | **Detail or Recommendation** | **Accountable Officer** | **Approved or Rejected** | **Date of Implementation** | **Outline Reason for Rejection** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  |  |  |  |  |  |

# Response to correspondence received after

# a complaint has been closed

*(Insert complaints officer’s address)*

*(Insert HSE reference number)*

*(Insert date)*

*(Insert complainant’s address)*

Dear *(Insert complainant’s title and name)*

Thank your for your *(letter/email)* dated *(insert date),* which was received on *(insert date)*. This complaint has already been investigated and a response was issued on *(insert date)*.

As your correspondence raises no new issues, I am, therefore, not in a position to carry out any further investigation of this matter.

If you are dissatisfied with my recommendation*(s)* you are entitled to seek a review of same by writing, within 30 working days, to either the HSE Complaints Manager (details below) who will assign a Reviewer to your case or to the Office of the Ombudsman, setting out in writing the grounds for your dissatisfaction with my recommendations.

To request an internal review, please contact:

Complaint Manager

Address

Tel:

To request an independent external review, please contact:

Office of the Ombudsman

6 Earlsfort Terrace, Dublin 2, D02 W773  
Tel: +353-1-639 5600   
LoCall: 1-890-223030(from outside 01 area)   
Fax: +353-1- 6395674   
E-mail: [complaints@ombudsman.ie](mailto:complaints@ombudsman.ie)

*OR, as appropriate*

Office of the Ombudsman for Children

Millennium House

*52-56 Great Strand Street*

*Dublin 1*

D01 F5P8

Tel: +353-1-8656800   
LoCall: 1-890-654654(from outside 01 area)   
E-mail: [oco@oco.ie](mailto:oco@oco.ie)

*OR*

*Due to the new information provided it will be necessary to refer the complaint for a new investigation. A Complaints officer will be in touch to discuss this further with you.*

*(Please personalise as appropriate. Ombudsman for Children to be used in cases where complainant is under 18 yrs or an adult wishes to make a complaint on behalf of a child under 18 yrs.)*

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name)*

Complaints Officer