# Homecare Medicines Service Complaint/Incident Report Form

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| Referring centre: | | | | | | | |
| Homecare organisation: | | | | | | | |
| Date incident reported: | |  | | Written response required: | | | |
| **About the patient and reporter** | | | | | | | |
| Patient details | | | | | | | |
| Patient forename: |  | | | | NHS number: | | |
| Patient surname: |  | | | | Hospital number: | | |
| Date of birth: |  | | | | Gender: | | |
| Country: | England Northern Ireland Scotland Wales | | | | | | |
| Therapy: |  | | | | Diagnosis: |  | |
| Complaint/incident reporter details | | | | | | | |
| Name of reporter: |  | | Reporter type: | | | | Choose an item. |
| Telephone: |  | | Email: | | | |  |

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| **About the complaint/incident (continued)** | |
| Describe what happened: *(Do not use any personal identifiable data here. Instead for example say the patient, the hospital nurse or the customer service agent)* | |
| Immediate corrective and preventative actions taken: |  |
| Does the reporter require a written response? | Yes No |

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| **Categories for complaints and incidents** *(tick all that apply)* |
| Initial categorisation:  Patient safety incident including Duty of Candour  Adverse drug reaction and/or event  Faulty medicinal product/device  Safeguarding incident  Information governance incident  Non-conformance  Complaint – informal – no written response required  Complaint – formal – written response required  Not reportable – any incident downgraded following triage/investigation |