# 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 |