The Northern Health and Social Care Trust is keen to hear the views of service users on a wide range of issues. We will use your feedback to improve our services or commend staff.
Tell us what you think

Your feedback is important to us. We aim to provide high quality services. However, where this is not the case we will make changes to improve service quality and safety.

You can use this form to make a compliment, comment/suggestion or complaint:

You can compliment us on the services received.
You can comment on our services or make a suggestion on how we might improve a particular service.
You can make a complaint if you are dissatisfied with our services.

Try, if possible, to pass your feedback (including complaints) directly to the service involved in your care initially. You can use this form and give it to staff.

If it has not been possible for you to provide feedback directly to the service/team involved in your care or you are dissatisfied with how the matter has been dealt with you would prefer to provide feedback using another method you can:

Try, if possible, to pass your feedback (including complaints) directly to the service involved in your care initially. You can use this form and give it to staff.

If it has not been possible for you to provide feedback directly to the service/team involved in your care or you are dissatisfied with how the matter has been dealt with you would prefer to provide feedback using another method you can:

Try, if possible, to pass your feedback (including complaints) directly to the service involved in your care initially. You can use this form and give it to staff.

Please indicate whether you wish to make a compliment, comment/suggestion or complaint:

Tick the relevant box

Your name:

If you are writing on behalf of a patient/client, please also provide his/her details:

Patient/client name:

Patient/client address:

Patient/client postcode:

Patient/client date of birth:

Your address:

Your postcode:

Your daytime phone number:

Your address:

Your postcode:

Your daytime phone number:

Give as much detail as possible e.g. dates and times, name of service, location and site (include ward, if relevant), name of staff (if relevant/possible)

Your address:

Your postcode:

Your daytime phone number:

Please write your message here:

The Patient and Client Council offers independent advice on how to make a complaint. For more information visit www.patientclientcouncil.hscni.net or telephone 0845 601 2333.

Only the feedback sent to Trust Headquarters will be acknowledged in writing. If you have made a complaint via Trust Headquarters we will acknowledge receipt of your complaint and provide you with information about our Complaints Procedure including what action to take if you are not happy with how the Trust has handled your complaint.

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Your Signature: Date: