Professional Referral Form

Professional Referral Form for Independent Health and Social Care Complaints Advocacy.

This form is for professionals who are helping someone make a complaint about the NHS or an NHS service, or a Local Authority Social Care Service. It can also be used if the person is already making a complaint, or if they are doing it for someone else.

A complaint can only be made if the issue/incident happened within the last 12 months (or they've been made aware of it in the last 12 months) and hasn't been investigated previously.

All data supplied to us in this form will be processed in accordance with our Privacy Notice

<table>
<tr><th colspan="3">Details of the person you are referring</th></tr>
<tr><td colspan="3">Title</td></tr>
<tr><td>First Name</td><td>Last Name</td><td>DOB</td></tr>
<tr><td colspan="2">Current location (Hospital, ward/care home and contact details).</td><td>Home address if different</td></tr>
<tr><td colspan="2">Phone number</td><td>Email</td></tr>
<tr><td colspan="3">What's their preferred language?</td></tr>
<tr><td colspan="3">What's their preferred method of contact?</td></tr>
</table>

What identified needs does the person you are referring have? *(Please select all that apply)*	
Learning disability ☐ Acquired brain injury ☐ Dementia ☐ Neurological conditions ☐ Neurodivergent ☐ Stroke ☐ Mental health condition ☐	Sensory impairment ☐ Long term health condition ☐ Substance ☐ Physical disability ☐ None ☐ Other *(please specify)* Further details
Does the person have any access needs, for example communication or physical needs? *(Please provide details including any reasonable adjustments needed)*	
Has the person you are referring requested an advocate?	Yes ☐ No ☐
Has the person agreed to this referral?	Yes ☐ No ☐ Lacks capacity to consent ☐ **If they lack capacity to consent, please include appropriate representative contact details:**
Is there anyone advocating on their behalf? No ☐ Yes ☐ *(please specify)*	
IMPORTANT - Is there anything we need to know in order to ensure the safety of the person you are referring and of our advocates? *(Please detail below)*	

Details of the Complaint
What is the name of the NHS Service or Local Authority the complaint is about?
When did the issue they wish to complain about happen?
Please tell us what the complaint is about. *(Be as detailed as possible and attach any relevant supportive documents/information)*
What Complaints Advocacy support do they need around this issue? *(i.e. help writing a complaint, support at a Complaints Meeting, assistance in understanding a response)*
What outcome are they looking for? An explanation and acknowledgement of mistakes that have been made ☐ An apology from the service ☐ A change of care provider ☐ Evidence that changes have been made to a process, so that others don't have the same experience ☐ Other *(please specify)*

3. Your Details		
Title		
Full name		
Telephone number(s)		**Email address**
Organisation		
Address		
Team or department		
Job title (if different)		
Is this the first time you have made a referral to Llais	Yes ☐ No ☐	
If yes, please tell us how you heard about us?		