

## NHS Complaints Advocacy referral form

Please complete this form in full and return it to [advocacy@weareecs.co.uk](mailto:advocacy@weareecs.co.uk) or return by post to:  
**Healthwatch Halton Advocacy HUB, Suite 5, Foundry House, Widnes Business Park,  
 Waterside Lane, Widnes WA8 8GT**

If you need support to complete this form, please contact us on **0151 347 8183**

Client Name:	
Date of Birth	
Gender	
Address (inc postcode)	
Telephone Number:	
Email address:	
Do you have a preferred time/day for us to contact you?:	

Are you complaining on behalf of someone else?	
Patients name	
Patient's Relationship to Client	
Patient Date of Birth	

NHS Care Provider complaint is about (e.g.: GP Surgery, Hospital, PCT)
Name of NHS Staff involved in Complaint:

Brief Outline of Issue	
When did the treatment/incident happen? (day/month/year)	
Are there any meetings upcoming?	

Do you have any specific communication needs <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify
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Please note, we will contact you within 2 working days of receipt of your referral.