

**COMMENTS AND COMPLAINTS UNIT  
TRIAGE/MESSAGE FORM**

|                          |               |                          |  |
|--------------------------|---------------|--------------------------|--|
| <b>NHSH No:</b>          |               | <b>ID No:</b>            |  |
| <b>Date:</b>             | 6/11/09       | <b>Time:</b>             |  |
| <b>Full Name:</b>        | <b>Code A</b> |                          |  |
| <b>Relationship:</b>     |               |                          |  |
| <b>Telephone no:</b>     | <b>Code A</b> | <b>Mobile No:</b>        |  |
| <b>Address:</b>          |               | <b>Postcode:</b>         |  |
| <b>Email:</b>            |               |                          |  |
| <b>Patient Name:</b>     |               |                          |  |
| <b>Address:</b>          |               |                          |  |
| <b>Consent required?</b> |               | <b>Consent obtained?</b> |  |
| <b>Service involved:</b> |               | <b>Directorate:</b>      |  |

**Issues/Message:** (continue overleaf if necessary)

**Code A**

in Comments. regarding  
OTHER ISSUES IN THE STARTED  
TALKING ABOUT COSBY WAR MEMORIAL  
HOSPITAL & DR BAKER.


|  |  |  |  |  |
|--|--|--|--|--|
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|--|--|--|--|--|

|   |  |                    |  |                    |  |
|---|--|--------------------|--|--------------------|--|
| <b>Complaints only<br/>Consequence:</b> |  | <b>Likelihood:</b> |  | <b>Risk Level:</b> |  |
|---|--|--------------------|--|--------------------|--|

**Action agreed / Outcome AND ALSO Action Taken:**

*Advice given*

|                  |               |                                  |  |
|------------------|---------------|----------------------------------|--|
| <b>Taken by:</b> | <b>Code A</b> | <b>Date Logged on<br/>DATIX:</b> |  |
|------------------|---------------|----------------------------------|--|

|   |   |                         |  |
|---|---|-------------------------|--|
| <b>Category:<br/>(advice,<br/>concern,<br/>complaint,<br/>compliment)</b> |  | <b>Name of Loggist:</b> |  |
|---|---|-------------------------|--|