**Community Pharmacy Complaints Log**

**Record of complaint – reference no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date complaint made |  |
| In person/phone/writing? |  |
| Patient name |  |
| Address |  |
| eMail (If written consent given) |  |
| CHI |  |
| Patient’s representative details (if applicable) |  |
| Consent from patient if rep?   * Attach consent form |  |
|  |  |
| Date of incident |  |
| Service complaint is about (Dispensing/PF/substance misuse etc) |  |
| Details of complaint |  |
| Underlying cause of complaint |  |
| Action taken as a result of complaint |  |

|  |  |  |
| --- | --- | --- |
|  | Date  (Indicate if extension given) | Complaint upheld?  (Yes/No/Partially) |
| Closed at early resolution  (5 days with possible 5-day extension) |  |  |
| Investigation stage commenced  (Record actions taken at investigation overleaf) |  |  |
| Closed at investigation |  |  |
| Details of investigation stage | | |
|  | | |

Please retain this document in the pharmacy for future reference.