



Complaints Form

If you have an unresolved whistleblowing concern about the NHS in Scotland, you can use this form to escalate your complaint to the Independent National Whistleblowing Officer (INWO).

The questions on this form allow you to give us a summary of the concerns you would like us to look into. We will contact you for more information once we have reviewed the information you give us.

As you complete the form, we will ask you for information about:

- your contact details
- the name of the organisation concerned
- your relationship to the organisation
- the issue you are concerned about
- what has happened so far.

If you have already raised the issue with the organisation concerned and received a response from them, please include this with the form.

Once we have received your complaint, one of our staff will be in touch to let you know what happens next and to discuss the complaint in more detail.

The INWO team is here to help. If you need advice before sending your complaint to us, please call us on freephone **0800 008 6112**.

You can also fill in this form online at <https://inwo.spsso.org.uk/inwo-complaints>. You don't have to complete the form all at once - the draft will be saved for you to come back to, for up to 30 days.

Section 1

The organisation concerned and your relationship to them

Write the name of the organisation you are making a complaint about.

What is your relationship to the organisation? (If you are completing this form on behalf of somebody else, please tell us their relationship to the organisation.)

We normally share information with the organisation complained about, if you have concerns about this, please tell us below and we will contact you before we have any contact with the organisation about your complaint.

Section 3

More information

Please tell us about the impact or potential impact of the issue you are raising.

When did you become aware of the issue?

Month: Year:

Is the issue ongoing?

Have you raised your concern using the organisation's whistleblowing procedure?

Yes: No:

We normally recommend that concerns are raised with the organisation first, before we investigate them. If your complaint has not been through the organisation's whistleblowing procedure, we will discuss this with you after we have reviewed your form.

Is there any background information you would like us to know?

If we are able to take on your complaint, what outcome are you hoping for?

Section 4

Your details

If you are making this complaint on behalf of someone else, please enter your own details here so we can contact you. You will be able to enter the other person's details in section 5. Please fill in this section using CAPITAL LETTERS.

If you are raising concerns as a group, please nominate a single person and include their details below. One of our staff will contact you to discuss this further.

Your title (Mr/Miss/Ms/Mrs/Mx/other):

Your first name:

Your surname:

Your address (or the name and address of the organisation you work for if you are an advocate):

Your phone number:

Your email:

What is your preferred method of contact? Letter

Email

Telephone

If you choose an email address as your preferred contact, please be aware that we may be sending you sensitive and personal information to that email address. Email security cannot always be guaranteed. If you choose this method of contact, you are confirming that you accept that risk.

Your signature:

Date:

In completing this form, I understand that the INWO may share information about me with the organisation I am complaining about. Depending on the nature of the complaint, this may include sensitive personal information. (We will tell you if we need to do this, and explain why.) The INWO may access and review information held by the organisation I am complaining about. If the INWO need to contact a third party about my complaint, they will usually let me (or my representative) know.

More information about how we process and protect your information can be found on our website www.spsso.org.uk/privacy-notice. Please note: If you have any questions or concerns please contact INWO to discuss.

Section 5

Complaining for someone else

If you are complaining for someone else, fill in this section with **their** details using CAPITAL LETTERS.

Their title: (Mr/Miss/Ms/Mrs/Mx/other):

Their first name:

Their surname:

Their address:

postcode

Their phone number:

Their email:

What is your relationship to this person?

Please tell us why the person is not making the complaint themselves.

We need the person affected by the complaint to sign the consent below, if they can, to allow you to complain for them. If they are unable to sign for any reason, please tell us why in the box below.

Consent

If you are complaining on somebody else's behalf, this section should be read and signed by that person.

I authorise the person or organisation named in Section 4 to make my complaint to the INWO for me.

I understand that if I have authorised an organisation, this authorisation will include anyone working for the named organisation.

I understand that the INWO may access and review information held by the organisation I am complaining about. If the INWO need to contact a third party about my complaint, they will usually let my representative(s) know.

I also understand that the INWO may share information about me with my representative(s). Depending on the nature of the complaint, this may include sensitive personal information.

Please note: If you have any questions or concerns, please contact the INWO to discuss. By signing this section of the form, you are agreeing that all communication with the INWO on your complaint will be done via the person or organisation authorised to make the complaint on your behalf.

Signed:

Date:

Please tell us if you need future information from us in a different format:

Braille

Audio version

Large font

Another language (give details):

Any other needs (give details):

Diversity monitoring form

We'd be very grateful if you would fill in this anonymous diversity monitoring form and return it to us with your complaint form or in a separate envelope to:

**SPSO, Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS**

A freepost envelope can be supplied if this is required.

We collect this information to help us ensure we are reaching as many people as possible. It also helps us check for and remove any barriers that could prevent people using our service.

What you tell us on the form will be kept separate from what you tell us about your case. It does not affect how we look at your case. We store it anonymously on our secure database. Filling in the form is voluntary. We won't treat you less favourably if you choose not to return it.

Thank you

Please choose one option from each of the sections listed below by placing an X in the appropriate box.

The following questions are based on categories included in Scotland's Census 2022.

A. Who is completing the form

I am:

- Making a complaint about something that has happened to me
- Making a complaint on behalf of someone else - the issue did not happen to me
- The person who has experienced the issue and someone has helped me to make my complaint

B. Age

- | | | | |
|--------------------------|----------|--------------------------|-------------------|
| <input type="checkbox"/> | Under 16 | <input type="checkbox"/> | 55-59 |
| <input type="checkbox"/> | 16-24 | <input type="checkbox"/> | 60-64 |
| <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | 65-69 |
| <input type="checkbox"/> | 30-34 | <input type="checkbox"/> | 70-74 |
| <input type="checkbox"/> | 35-39 | <input type="checkbox"/> | 75 or over |
| <input type="checkbox"/> | 40-44 | <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | 45-49 | | |
| <input type="checkbox"/> | 50-54 | | |

C. Disability

Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:

- No condition

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Include problems related to old age

- Yes, limited a lot
- Yes, limited a little
- No

D. Language

Can you use British Sign Language (BSL)?

- Yes
- No

What is your main language?

- English
- Other, please write in (including BSL/Tactile BSL):

E. Ethnicity

White

- Scottish
- Other British
- Irish
- Polish
- Gypsy/Traveller
- Roma
- Showman/Showwoman
- Other white ethnic group, please write in:

Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in:

Asian, Scottish Asian or British Asian

- Pakistani, Scottish Pakistani or British Pakistani
- Indian, Scottish Indian or British Indian
- Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- Chinese, Scottish Chinese or British Chinese
- Other, please write in:

African, Scottish African or British African

- Please write in (for example, Nigerian, Somali):

Caribbean or Black

- Please write in (for example, Scottish Caribbean, Black Scottish):

Other ethnic group

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, Sikh, Jewish):

F. Sexual orientation

Which of the following options best describes how you think of yourself?

- Bisexual
- Gay/lesbian
- Heterosexual/straight
- Prefer not to say
- Other (specify if you wish)

G. Sex/Trans status

What is your sex?

- Female
- Male
- Prefer not to say

Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered with at birth

- No
- Yes
- Prefer not to say

If you would like to, please describe your trans status (for example, non-binary, trans man, trans woman)

H. Religion or belief

- Buddhist
- Christian (including the Church of Scotland/England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (specify if you wish)

Your information

We are committed to protecting your privacy. We use information given to us about you and your complaint for its intended purpose and in line with the Data Protection Act 2018 and the SPSO Act 2002. We may need to collect and share information with a number of sources to carry out our investigation and we may do this orally, in hard copy or by email. We may report on the outcome of the investigation. When we do so we do not name individuals and will consider carefully any chance that you could be identified through what we publish. We may also use information we collect to compile statistics and undertake research and analysis. There may be public interest benefits in reusing information for these purposes. Information is completely anonymised.

Your views are valuable to us, and we may contact you again to invite you to take part in our surveys for research purposes.

To find out more about how we handle your information and your rights, see our website www.spsso.org.uk/privacy-notice. If you have any concerns about what we do, please let us know straight away.



Our service standards

We want to offer a high standard of service to everyone who uses our service.

We have customer service standards so that our customers know what service they can expect to receive and how we'll provide it. You have the right to complain if you feel we're not meeting our standards. You can contact us for more information about how to do this.

The INWO advice line

The INWO advice line is a free, independent and confidential national phone service for whistleblowing across NHS Scotland. Our team will give information that is reliable and up-to-date to help staff across the NHS access the advice and support they need.

All NHS Scotland health boards have whistleblowing policies in place to help staff raise concerns. Anyone that provides an NHS service can use the INWO advice line to get advice on their options for raising a concern and general information on support and signposting.

You can contact the INWO advice line on Freephone **0800 008 6112**. Please note, the phone line will be open from 9am-1pm on Mondays, Wednesdays and Fridays, and from 12pm-4pm on Tuesdays and Thursdays.

How to contact the INWO



SPSO – INWO Team
Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS

Opening hours: Monday, Wednesday, Thursday, Friday 9am-5pm,
Tuesday 10am-5pm



A freepost envelope can be supplied if this is required.



INWO freephone **0800 008 6112**



Website **<https://inwo.spsso.org.uk/>**
Online contact form **<https://inwo.spsso.org.uk/contact-form>**



Email **INWO@spsso.gov.scot**
You can fill in our complaints form online at
<https://inwo.spsso.org.uk/inwo-complaints>

INWOFoRM-0422



Please contact us if you would like this leaflet in another language or format (such as large print, audio, BSL or Braille).