

  **PALS DEPARTMENT – record of discussion**

**Date:**

**Patient’s name:**

**Hospital number:**

**D.O.B:**

**Address:**

**Contact no:**

**Enquirers name:**

**Relationship:**

**Address:**

**Contact no:**

**Preferred method of contact:**

**Phone call**

**Written response**

**Meeting**

**E-mail**

**Process and timescale agreed:**

**Complaint 25 working days**

**Concern 40 working days**

 **60 working days**

**Record of discussion:**

**Staff name:**

**Job title:**