

## Call Record

Enquiry No:		Date:	
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Share with Caller

### About the caller

### About the service user: (if different)

Name:		Name:	
Contact No:		DOB:	
		Relationship to caller:	
Can we share your identity with the inspector?		Choose from list	
Would you be happy to be contacted by the inspector?		Choose from list	
If yes how should they get in touch:			
If necessary, are you willing for your identity to be known? Your identity will be kept confidential, unless you give us permission to share it with other statutory agencies, such as the police or local safeguarding authorities.		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

**Call Details:** For guidance and information calls, clarify what the query is and refer to FAQs  
For all other calls continue

### About the service:

Location Name:		Location ID:	
Provider Name:		Provider ID:	
Ward:			

### About the concern:

Have you raised these concerns with us before? If yes, Enter enquiry No / reference no / date contact was made	
If yes, how can we further assist you?	
Have you raised your concerns with the service manager? If yes – what actions have been taken:	
Are the police or social services aware?	Choose from list
Would you like to speak with the inspector?	Choose from list
<b>MH Calls ask</b> "Would you have any objection to a member of staff contacting you, should it be felt necessary"	
Is someone at risk of harm or has been placed at risk of harm?	Choose from list

### Call Details

For **Safeguarding/Complaint (Refer to complaint part of the call log)** obtain: what happened / when did it happen / did SU or victim say anything / where did it happen (service location/ward name/elsewhere) / has hospital treatment been required / has GP been contacted.

For **Mental Health Info & Advice** please log what information was requested and what advice was given.

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## Other Relevant Information

What advice was given to the caller?  (Contact PALS, the Local Government ombudsman, make a formal complaint to manager etc. Please detail all advice given to the individual)	
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**Triage:** (tick all relevant)

<input type="checkbox"/>	Safeguarding Alert	<input type="checkbox"/>	Whistleblower	<input type="checkbox"/>	MH Act Complaint
<input type="checkbox"/>	Safeguarding Concern	<input type="checkbox"/>	Complaint about Provider	<input type="checkbox"/>	Guidance/Information

Type of abuse Choose from list

<input type="checkbox"/>	Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Financial/material
<input type="checkbox"/>	Psychological/Emotional	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Discriminatory

Victim Information Choose from list

How many service users are affected?	
Victim 1 (name, DOB, gender)	
Victim 2 (name, DOB, gender)	
Other victims	

Abuser Information Choose from list

How many abusers are involved?	
Abuser 1 (name, DOB, gender)	
Abuser 2 (name, DOB, gender)	
Other abusers	

**About a Complaint about provider** Choose from list

Have you raised these concerns to the local authority/provider?	If <b>No</b> refer to the <a href="#">LGO process</a> , stating the ombudsmen would expect this. Ask if caller wishes to be transferred to the LGO to explain further (refer to the <a href="#">CAP Script</a> explaining the role of the CQC and <b>complete FAQ's</b> )
	If <b>Yes</b> explain the role of Local Government Ombudsman and warm transfer the call to LGO ( <b>complete FAQ's</b> )

**About a Whistleblower:** [Whistleblower guidance](#) Choose from list  
[Whistleblower Triage](#)

Your relationship to the service (eg staff, contractor, other)			
Employment status - are you still working there?	If still working – how long:		Date left:
Did you raise concerns with the manager or the provider? Provide details			

**About a MH Act Complaint** [FAQ's](#) Choose from list  
Check that full contact details are provided above

Has this complaint been raised previously?	If No refer to <a href="#">FAQ's</a> to advise on next best course of action
If the complaint has been raised before are you satisfied with the response?	If Yes refer to <a href="#">FAQ's</a> to advise on our responsibility and how we will use the information
What are your concerns if you are not satisfied?	
Should the complaint be passed to Mental Health team for consideration	Yes refer to <a href="#">FAQ's</a> to advise on complaints policy No refer to <a href="#">FAQ's</a> to advise on our responsibility and how we will use the information
Full correspondence address of caller: (MH essential)	Full correspondence address of service user: (MH essential)

Detention Details Choose from list

If the Service User is currently detained:		Section number:		Date implemented:	
If not currently detained, date of last discharge:		Section Number:		Date implemented:	
Is a CTO in place?	Yes / No	Has SU been recalled:		Has CTO been revoked?	
Is the SU subject to a guardianship order?				Yes / No	

#### Market research

How did you hear about us (CQC)?				Other:		
<input type="checkbox"/>	Local/National Newspaper	<input type="checkbox"/>	Internet	<input type="checkbox"/>	TV	<input type="checkbox"/> Someone you know

#### Call closure

I have a reference number for you call today would you like to take a note of it, should you need to contact us again about this matter?	
Thank you for your call; is there anything else I can help you with today?	