S.L.T. PATIENT / CLIENT COMMENTS FORM

		•		
Reference :	S/COM/00/047	Type:	Complaint	
Client Name: Client Address:	Miss Lucy Crawford	Date Received:	29/02/2000	
		Method Received:	Written	
Phone Number:	•	Board Of Res.:		
Contacts:		Facility :	Erne	
Name:	Mr Neville Crawford	Department :	Paediatrics, Erne	
Address :		POC:	Paediatrics	
		Profession :	Medical	
Postcode:				-
Phone:		Classification:		
Name:	Mr Stanley Millar	3.27 Treatment	& care (Quality)	
Address:	Chief Officer	reathen	a care (Quality)	
/	WHSSC			
Postcode:	Hillop TFH			
Phone:				
, y				
Comments:		POO O I		
Letter of complaint enclo	osing authorisation for Mr Stanley	POC Sub:		
IANNON OF THE AALI 22C TO	receive all future correspondence	Ack / 2 days:	No	
relates to trigoedfiste sty	ation to concerns raised. Complaint d poor quality of care provided to his	Ack Deter		
Hospital on 12 April 2000	1) following her admission to Erne D and prior to her transfer to Bount	Ack Date:	02/10/2000	
Belfast Hospital for Sick Treatment & care (Qualit	Children on 13 April 2000	Resolve By:	27/10/2000	
		Date Resolved:	30/04/2001	
	ŧ	Resolved / 20 Days:	No	
		Interim Res. Date:		
		Satisfied :	·	
Resolution Action:		Ind. Review:	No	ĺ
Acknowledged/referred to Anderson for comment/re	Mr Eugene Fee, and Dr	Formal Response:		
LOCKINGO HOHI MI PER 11	eport 2.10.00. Papers/reports CA to peruse/draft response.	Toponse.	÷	
Anderson, and others 11.1	ng meeting with Mr Fee, Dr		•	
2. I I.UU - Idmity have deck	Ded offer of meeting 1 to to 14			
complainant 22.11.00 offering meeting to talk through				
	ase from complainant received			
Fee 29.12.00. Reports and	Mr Fee for comment. Remr to Mr			
Mr Fee 9.1.01. Initial Resn	200se and enclosure to DOS			1