



# Complaints and Incidents Overview

Please use this form to outline any complaints or incidents you have experienced whilst working for Thornbury Nursing/The Guild. This can be used as part of the Revalidation Process which requires you to collect five pieces of practice related feedback.

Please ensure that the record refers to a complaint or incident which occurred during your current revalidation period.

1. Your name: \_\_\_\_\_

2. Incident/feedback: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Reflection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Learning/how this will change my future practice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_