

SightWatcher Ltd: Complaints Leaflet

Complaints Procedure

At SightWatcher Ltd, we are committed to providing a professional and enjoyable experience. While we always strive to meet this standard, we understand that issues may occasionally arise. If you are not satisfied with our service, we will do our best to resolve the matter as quickly and effectively as possible, whether you are an NHS (GOS) patient or a private patient.

Complaint Routes

1) NHS (GOS) Services

SightWatcher Ltd

You can raise a complaint with our complaints manager, Umar Vania, who will guide you through the complaints process.

- Website: <https://www.sigherwatcher.com/contact-us>
- Email: help@sightwatcher.com
- Telephone: 07483 194910
- Post: 71-75 Shelton Street, Covent Garden, London, WC2H 9JQ

Integrated Care Board (ICB)

Complaints can be submitted to your local Integrated Care Board (ICB). Please follow this link to the list of ICB's where you will be able to find the ophthalmic complaint contact details:

- Website: <https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/>

2) Private Services

SightWatcher Ltd

You can raise a complaint with our complaints manager, Umar Vania, who will guide you through the complaints process.

- Website: <https://www.sigherwatcher.com/contact-us>
- Email: help@sightwatcher.com
- Telephone: 07483 194910
- Post: 71-75 Shelton Street, Covent Garden, London, WC2H 9JQ

Optical Consumer Complaints Service (OCCS)

For unresolved complaints about private optical services, you can contact the OCCS for independent advice and resolution.

- Website: <http://www.opticalcomplaints.co.uk/>
- Telephone: 0344 800 5071
- Post: 6 Market Square, Bishop's Stortford, Hertfordshire, CM23 3UZ

Created by: Umar Vania

Approved by: Umar Vania

Created Date: 22/05/2025

Review Date: 21/05/2026

[SightWatcher: Model Letter of Acknowledgement]

(DATE)

Dear

Thank you for your letter [dated] about [brief description of alleged problem and date].

I am so sorry that you are not happy. I am looking into the points you raise as a matter of urgency and will give you have a full response as quickly as possible.

[FIRST ALTERNATIVE]

[We would be very happy to discuss the points you raise in your letter with you in person, if you would like to come to the practice. In that way, we can go into more detail and explain to you how we plan to investigate and resolve the matter.]

[SECOND ALTERNATIVE]

[We understand that your preference is not to discuss the matter in person, but the offer to do so at any time always remains open. Our estimate is that it will take us ... [day/weeks/months] to fully investigate and report to you on the matter.

Yours sincerely,

[TITLE: practice owner/manager/complaints manager]

SIGHTWATCHER

[SightWatcher: Model Oral Complaint Receipt Form]

Complainant Details

Name:

Address:

Date of Birth:

Telephone:

Email:

NHS Number:

Patient Details (if different from complainant)

Name:

Address:

Date of Birth:

Telephone:

Email:

NHS Number:

Details of Complaint

Date of Complaint:

Date of Incident:

Complaint Details (include nature of incident and persons involved):

Patient Declaration (Required if complainant is not the patient)

I [patient full name] authorise the person named above to make this complaint on my behalf. I agree that the practice may disclose to him/her any necessary confidential information about me or my care in order to resolve the complaint.

Patient name:

Patient signature:

Date:

SIGHTWATCHER

[SightWatcher: Model Action Sheet on Handling of Complaint]

Complainant Details

Name:

Address:

Email:

Patient Details (if different from complainant)

Name:

Address:

Date of birth:

NHS number (if known):

Practitioner Details

Name:

GOC No.:

Complaint Details

Date of incident:

Date complaint received:

Date complaint acknowledged:

Method of making complaint [delete as appropriate]: in person/ telephone/ email/ letter

Was the complaint received from the Area Team? Yes / No

Details of complaint:

Complaint Response Details

Date of meeting with complainant (if any)

Date of letter of explanation:

Details of explanation:

Details of further action to be taken:

Date of resolution:

Complaint Manager Name:

Complaint Manager Signature