**  
Information template for NHSScotland staff**

**Raising a concern about the quality or safety of patient care**

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| **Date:** |  |
| **Name:** |  |
| **Role:** |  |
| **Email address:**  **Contact number:** |  |
| **Would you like to remain anonymous if we share your concerns with the relevant NHS board?** |  |
| **NHS Board and site/hospital/specialty the concern is in relation to:** |  |
| **Details of concern (including any dates/events and any harm that has been/could be caused):** |  |
| **Has this been raised locally (reported to colleagues/management, adverse event reports, whistle blowing)** |  |
| **If not raised locally what are the reasons for this?** |  |
| **Raised with any other organisation?** |  |