

Service User Complaint Form

(Staff / Service User to Complete)



Date of Complaint: _____

Complaint Received By: _____

Complaint Made Via: Telephone Letter (Attached) In person
 Other _____

Subject of Complaint _____

Details of the complaint should be written on the next page. If there is insufficient space, attached extra sheets.

Name of Complainant: _____

Address: _____

Phone: _____

Detail of Complaint

Comments

Complaints Record Form

(Manager / CEO to Complete)



Action to be Taken

Outcome

Follow-Up

Signed (*Manager / CEO*) _____ Date: _____

Service User's Details *(If Different from the Complainant)*

Name of Complainant: _____

Address: _____

Phone: _____

Carer/Representative's Details

Name of Complainant: _____

Address: _____

Phone: _____

Relationship to Complaint: _____

Advocate's Details

Name of Complainant: _____

Address: _____

Phone: _____

Relationship to Complaint: _____