



Complaints, Compliments, and Suggestions Form

Date	
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To Whom Submitted	
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Details of Person Making the Complaint, Comment or Suggestion :			
Name			
Address			
Postcode			
Home Telephone		Mobile Phone	
Email			

Please tick the description of the person lodging the complaint, comment or suggestion:			
SY Service User		ST Staff Member	
PR Professional		FC Family Member / Carer	
GP General Public		AN Anonymous	
OT Other : (please specify)			

Please tick which area of activity to which the complaint, comment or suggestion refers:			
AA Appropriate Adult		PS Peer Support	
AI Advice & Information		SC Social Clubs	
BS Befriending		OR Organisation	
CP Counselling / Psychotherapy		ES Employment Support	
AD Addictions		OT Other : (please specify)	

Detail of the Complaint, Comment or Suggestion	<i>If this is a complaint, please give us much relevant detail as possible, including: dates and times; persons involved; witnesses; evidence to support the complaint; impact of the issue.</i>
Ideal Outcome	<i>If this is a complaint, please indicate what you would regard as the ideal or preferred outcome of an investigation.</i>

Signature:	
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Action	<i>To be completed by the person receiving the complaint, comment or suggestion</i>
What is to be done?	
By whom?	
By when?	