

**SERVICE USER COMPLAINT FORM**

*(Staff or service user to complete)*

**Date of Complaint:**.....

**Complaint Received By:**.....

- Complaint Made Via**
- Telephone
  - Letter/Email (attached)
  - In person

**Name of Complainant:** .....

**Contact details:** .....

.....

**Detail of Complaint:**.....

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

**Action to Be Taken:**.....

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**Outcome:**.....

.....

**Follow-up:** .....

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**Signed:**

(Manager)..... (Date) .....

**SERVICE USER'S DETAILS:**

*(If different from complainant)*

**Name:** .....

**Contact details:**.....

.....

**CARER/REPRESENTATIVE/ADVOCATE DETAILS**

**Name:** .....

**Contact details:**.....

.....

**Relationship to Complainant:**.....

***Please ensure complainant has a copy of QuestCare's Complaints and Participant Feedback Policy to assist them in this process.***