

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:

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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:.....

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Follow-up:

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Signed:

(Manager)..... (Date)

SERVICE USER'S DETAILS:

(If different from complainant)

Name:

Contact details:.....

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CARER/REPRESENTATIVE/ADVOCATE DETAILS

Name:

Contact details:.....

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Relationship to Complainant:.....

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