



CHARLESTOWN CARING GROUP

COMPLAINT FORM (Staff or client to complete)

Complaint number:

Date of complaint:

Complaint received by:

Complaint made via:

- Telephone
- Letter (attached)
- In person
- Other:

Subject of complaint:

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.....

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

INFORMATION TO BE GIVEN TO THE COMPLAINANT:

1. Reassure complainant that all complaints are treated confidentially and that they will suffer no loss of service because they have made a complaint.
2. Explain the complaints procedure.
3. Remind the complainant that they have the right to use an advocate of their choice and refer them to appropriate client advocacy services.
4. Thank the complainant for their complaint and explain that complaints are valuable in helping to maintain and improve the service.

Name of complainant:

Address:
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Phone number:



CHARLESTOWN CARING GROUP

Action to be taken:

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Outcome:

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Follow-up:

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Signed:

Management

Date



CHARLESTOWN CARING GROUP

CLIENT DETAILS:

(If different from complainant)

Name:

Address:

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Phone Number:

CARER/REPRESENTATIVE'S DETAILS

Name:

Address:

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Phone number:

Relationship to complainant:

ADVOCATE'S DETAILS:

Name:

Address:

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Phone number:

Advocate's Relationship to complainant: