



CHARLESTOWN CARING GROUP

COMPLAINT FORM (Staff or Client to complete)

Date of Complaint:

Complaint Number: 00-18

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 sheets.

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:.....

Detail of Complaint:

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Comments:

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Action to Be Taken:

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Outcome:

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Follow-up:

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Signed:

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General Manager / Operations Manager

Date

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: