



CLIENT COMPLIMENTS/COMPLAINTS FORM

We encourage and welcome you to let us know if you are happy or not happy with the way we do things or you disagree with a decision we have made. Your feedback is strictly confidential, we take all complaints seriously and each complaint will be dealt with promptly and fairly. You will not lose your services or be treated negatively because you make a complaint. If you want to make a complaint you can do it yourself or you can get someone like a family member, a friend or someone from an advocacy agency to help you make the complaint and negotiate on your behalf.

Name: _____ **Date:** _____

	Compliment	Complaint	Suggestion
What type of feedback are you providing? (Please tick the appropriate box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please provide details of your compliment/complaint/suggestion:

2. What outcome would you like to see? What are your recommendations for improving the service?

Client Signature: _____ **Date:** _____

Office Use Only

Action taken by Whom _____ **Date:** _____

Feedback investigated, provided response and recorded on Complaints Register:
