**Feedback and Complaints Form**

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| Date of Report: |
| Client(s)/Person(s)/ Services(s) Affected: |
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| Does the person know you are making this complaint/providing feedback? YES  NO |
| *Fill in the details of the person who is making the complaint/ providing feedback (Please skip this section if you would like to make an anonymous complaint/ feedback)* |
| *Name of person* |
| Address |
| Phone |
| Email |
| My preferred contact method is: |
| *Complaint/ Feedback* |
| Please include all relevant details (i.e. what happened, where it happened, who was involved) |
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| *What outcomes are you seeking as a result of the complaint/feedback?* |
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| **Supporting Information**  *Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).* |
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**To be completed by Supervisor or Clinical Director**

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| *Actions Taken:* | |
| *Feedback/ Complaint recorded in continuous improvement document? YES / NO* | |
| *Signature:* | *Date:* |