

Complaint Form Trinity Care

A: Your details

Surname:

Forename(s)

Title: Mr/Mrs/Miss/Ms/if other please state:

Address

Your email address

Daytime phone number

Mobile number

Please state by which of the above methods you would like us to contact you

Your requirements

If our usual way of dealing with complaints makes it difficult for you to use our service, please tell us so that we can discuss how we might help you.

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B: Making a complaint on behalf of someone else: Their details

Their name in full

Their address

What is your relationship to them?

Why are you making a complaint on their behalf?

C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

What do you think we did wrong, or failed to do?

Describe how you personally or the person you are representing suffered or has been affected

What do you think should be done to put things right?

Have you already put your concern to the frontline staff responsible for delivering the service?
If so, please give brief details of how and when you did so.

If you have any documents to support your concern/complaint, please attach them with this form.

Signature:

Date:

When you have completed this form, please send it to:

[Name (Complaints Officer)]

[Address and other Contact Details]
