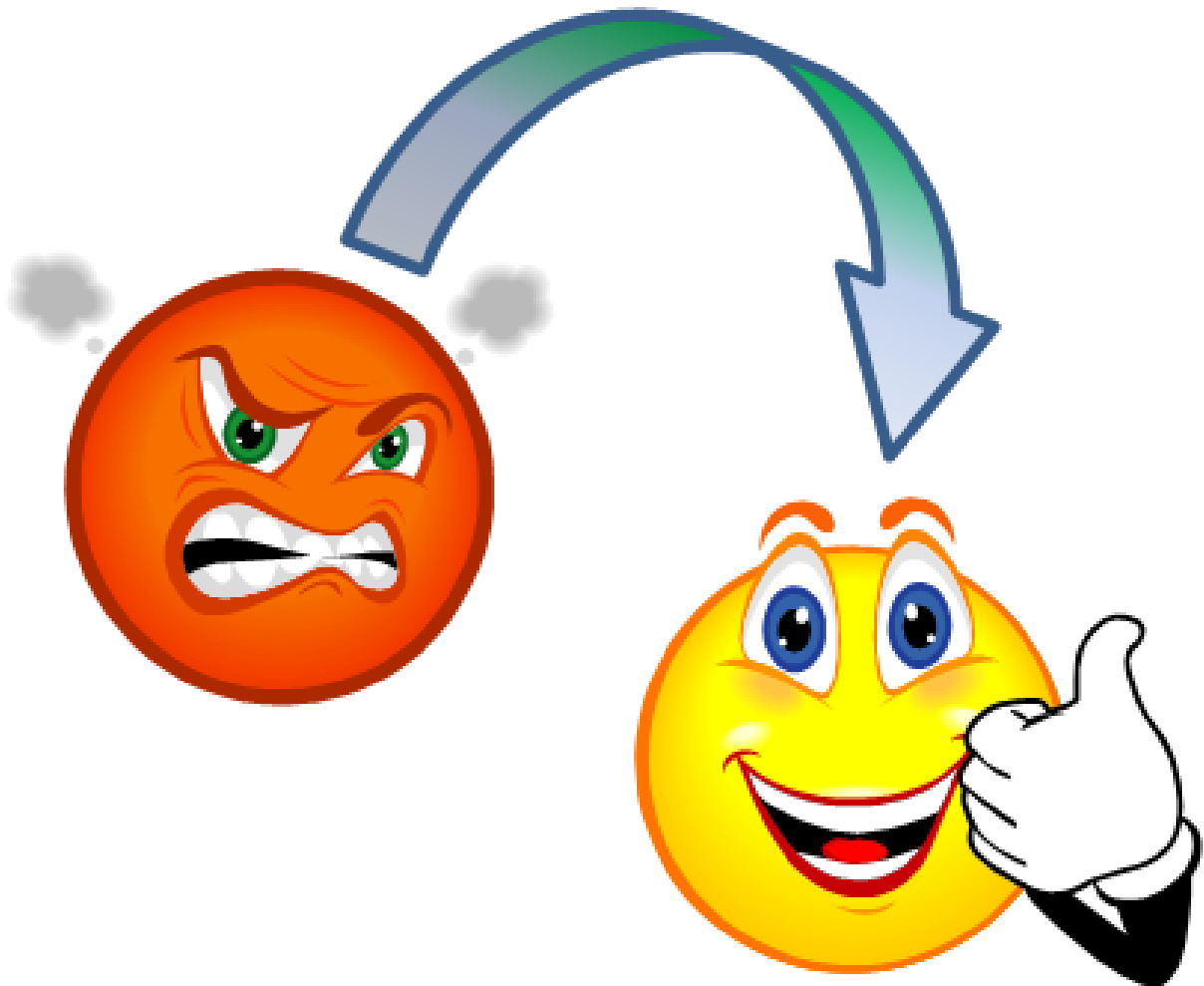




Hft MAKING THINGS BETTER

COMPLAINTS FORM



Part 1

This is about you



Name



Address



Who is supporting you to make your complaint



Date

Part 2 This is about your complaint

How are you feeling?



Fed up



Worried



Sad / lonely



Angry



Frightened

Other

Why are you feeling like this?



People are laughing and pointing



People are bullying me and shouting at me



I am being ignored



People are talking about me



Someone is stealing from me



I don't like how someone touches me



Someone has hit me



I do not have enough money to do the things I want to do



I am hungry



I do not get enough food to eat



Medication



Makes me feel sick



Not on time



Need more tablets

**Please give details of the complaint in
the box below**



Signed

Date

Part 3 Action Plan

The Action Steps you have agreed to make things better

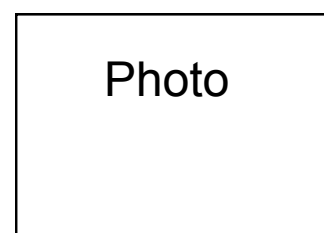
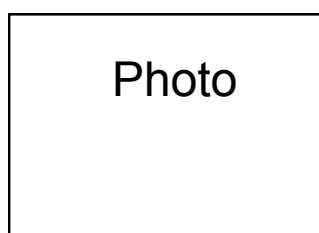


What will happen now?

You will have to talk to others about this complaint to help you get it sorted out



You will be meeting





When are you going to do this?

Put the date in the box



Have you agreed to have regular meetings with someone so you can update each other on progress?



Yes



No

Who with?

The next bit asks about what happened at the meeting and who agreed to do what

(Ask the person supporting you to help to fill in the box below)



Please give details of the actions you have agreed to take in order to deal with this complaint. Continue on a separate page if necessary.

When will the complaint be sorted? (Ask the person supporting you to help you put the date in the box below)

?



Part 4

Are things better?



yes



no

Why?



If you are not happy you will need to agree some new action steps. See part 3

When are you going to do this?
(Ask the person supporting you to help you to put the date in the box below)

