

# Complaints Form



## about you

Full name:

Date:

Address:

Who is supporting you to make this complaint?

How are you feeling? Tick one or more boxes.



worried or nervous



sad or upset



cross or angry



unhappy or fed up



You can use the box below if you want to tell us how you are feeling.

# about your complaint

Please use the box below to give full details of your complaint.  
If you need more space, please use page 5 (additional information).

What would you like to be better or different?

# what will happen next

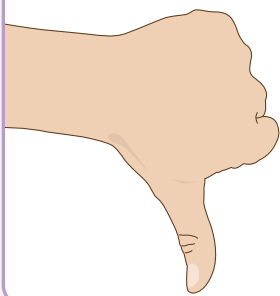
You may need to talk to others about this complaint to help us fix it.

If you don't want to attend a meeting, let us know in the box below.

If you would like to attend a meeting, write the people who need to be at the meeting and anyone you would like to be there.

When a meeting is planned, add it to the planner on page 4.

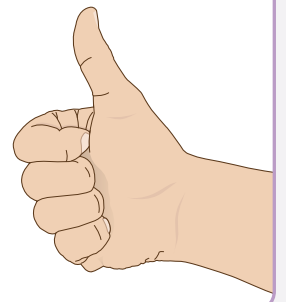
Are you happy with this? If you tick no, please tell us why.



no



yes



# planner

If you did not want a meeting, what will happen next and when will it happen?

If you did want a meeting, you can add up to 3 meetings below.

Location:

Date:

Details:

Location:

Date:

Details:

Location:

Date:

Details:

Any additional information can be added on the next page.

When a meeting or meetings have taken place, please use the easy read follow-up form called 'Resolved' to ensure the complaint has been resolved.

