

COMPLAINT FORM



A. YOUR DETAILS

Surname: _____

Forename(s): _____

Title: Mr Mrs Ms other _____

Postal Address: _____

Email Address: _____

Daytime Phone No.: _____ Mobile No.: _____

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

Post

Email

Phone

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 ANSWER TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET(S) IF NECESSARY

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

2. Describe how you personally or the person you are representing suffered or has being affected:

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

[Lined area for response]

4. Have you already put your concern to the frontline staff responsible for delivering the service? Yes No
If so, please give brief details of how and when you did so:

[Lined area for details of concern]

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:
Complaints Officer, St. Luke's Home, Mahon, Cork
or email: **comments@stlukeshome.ie**