

General Compliments, Complaints & Appeals Form

Name	
Name of advocate (if applicable)	
Address	Postcode:
Phone number(s)	
Email	
Concern communicated via:	Telephone <input type="checkbox"/> In person <input type="checkbox"/> If telephone or in person record details below. Letter <input type="checkbox"/> (attach a copy) Email <input type="checkbox"/> (attach a copy)

Details of Compliment/Concern/Appeal: Please tell us what is happening/has happened, when and where and who is/was involved. Give as much information as possible and enclose copies of any relevant documents. Use a separate sheet of paper if necessary.

Have you raised this concern with us before? Yes No

What would you like to see happen as a result of you raising this concern with us?

Signature:..... **Date:** / /