Comment, Compliment or Complaint Form

| 1. If you wish to make a comment, compliment or complaint, then please f | fill in this form. |
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| Name: | |
| Address: | SDC |
| Telephone Number: | Supporting People in Commun St Patrick's Centre |
| Date: | - Structures decinal |
| For the purposes of investigation of my complaint, I grant permission to (Kilkenny) to access my personal confidential information. This may be necessary to fully investigate your complaint. Yes No | St Patrick's Centre |
| 3. Name of Individual / Service / about which you want to make a comment Complaint: | · |
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| Signature of Complainant: | |

(Person making the complaint)

Investigations To be carried out by Line Manager(s)

| 5. | Date comment, compliment or complaint received by Line Manager (Name) |
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| ò. | Investigation Carried out by: Signature: Date: |
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| 7. | Was the complainant satisfied by the outcome? YES \square NO \square |
| | If No; Exhaust Internal Line Manager structure prior to referral to Complaints Officer |
| | <u></u> |
| 3. | Comment, compliment or complaint: Resolved YES NO |
| | If No; Send to Complaints Officer |
| | ir No., Send to Complaints Officer |
| | Data as a second as a second in a second interest and have Consulaints Office. |
| 9. | Date comment, compliment or complaint received by Complaints Officer |
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| LO. | Further Action Required: |
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| 11. | Does the Senior Management Team need to be informed for Action or Practice |
| | Development? YES NO |
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| 12 | Additional Comments/Closing Comments: |
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