

Appendix A

COMPLIMENTS, COMMENTS AND COMPLAINT FORM

Title		First name		Surname			
Address							
Email							
Contact numbers	mobile			landline			
How shall we respond to your concern?	email	yes	no		phone	yes	no
	post	yes	no		face-to-face	yes	no
Do you ...	want to give us a compliment?						
	want to make a comment?						
	want some information?						
	have a request?						
	have a query?						
wish to make a complaint?							
Please tick appropriate box below and add your comments							
Compliment	<input type="checkbox"/>						
Comment	<input type="checkbox"/>						
Information	<input type="checkbox"/>						
Request	<input type="checkbox"/>						
Query	<input type="checkbox"/>						
A Complaint – please provide details, if you wish to make a complaint (a continuation sheet is available if necessary) – such as where and when the situation occurred; who you reported it to; who was involved							
How can this be put right for you?							
Signed				Date			

Received by		Role	
Signed		Date	

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