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# **Complaint form**

You should complete this form if you are dissatisfied with any service provided by Social Care Wales and wish the matter to be investigated further.

# **Section A**

# **Personal details**

First names:

Surname:

Address:

Post code: Telephone number:

## What address do you want correspondence sent to if different from above?

# **Section B**

**Please give details of the department or person you are complaining about, where appropriate.**

First name:

Surname:

Work telephone number:

What is your complaint?

|  |
| --- |
| Incident |
|  |

|  |
| --- |
| Date and time of incident(s) |
|  |

|  |
| --- |
| What would a successful outcome look like to you? |
|  |

# **Representative details**

Do you wish to have a colleague/trade union representative/support worker accompany you through the Complaints process?

First names:

Surname:

Email Address/Address (for correspondence):