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*Complaint Form*

This form should be completed 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 No:

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

**Access / Other requirements**

If you need to visit our offices, please state in the box below if you require wheelchair access / induction hearing loop / sign language / interpreter / easy English interpreter / personal assistant / alternative format documents / mentor support, or any other requirements.

*Section B*

**Please give details of the Department or Person you are complaining about, where appropriate.**

First name:

Surname:

Office Address:

Work Tel No:

What is your complaint?

|  |
| --- |
| Incident (Summary) |
|  |

|  |
| --- |
| Dates & Time of Incident(s) |
|  |

|  |
| --- |
| Key Parties (people) Involved |
|  |

|  |
| --- |
| Action Taken |
|  |

|  |
| --- |
| Full circumstances of the complaint or incident in detail (please continue on a  separate sheet of paper if necessary) |
|  |

|  |
| --- |
| What redress or outcome are you looking for? |
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| --- |
| What evidence can you provide to support your complaint? e.g. policies or procedures you believe haven’t been followed |
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| --- |
| Have informal attempts been made to resolve this matter? If so please detail. |
|  |

*Representative Details*

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

First Names:

Surname:

Address:

Telephone No:

|  |
| --- |
| For Official Use Only |
| Registration No:  Date: Key Contact: |