

# Have your say ...about Adult Social Care

It will help us if you fill in this form to make your complaint, but please write a letter if you prefer, covering all the points on the form. Please continue your answers on a separate sheet if necessary.

## Your details

Mr  Mrs  Ms  Other (please specify) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email address (optional) \_\_\_\_\_

How do you wish to be contacted? Email  Letter  Telephone

## Details of the person who receives or received a service from Adult Social Care

Same as above Yes  No

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Date(s) of birth \_\_\_\_\_

If you wish to make a complaint on behalf of the person(s) receiving the service you must have their permission. We need to know that the complaint accurately reflects their wishes.

Are you a carer\* to the above person? Yes  No

*\*By carer we mean someone who provides unpaid care or support to a person who is unable to do everything for themselves.*

## Disability

Does the person receiving the service consider themselves to be disabled? Yes  No

## Which service are you commenting about?

Is this a: Compliment  Comment  Concern  Complaint

## Have you reported the problem previously? (if applicable)

If so, to who? \_\_\_\_\_ Date reported: \_\_\_\_\_

How did you report it? Email/Letter  Telephone  In Person

