

HOW TO MAKE A COMPLAINT, COMMENT OR COMPLIMENT FORM



(Please complete and return to Caring Hands)

About you (do not fill in this section if you do not want to)

Name: õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .õ ..õ õ õ õ õ õ õ õ õ ..

Address and postcode: õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ ...õ õ õ .

õ ..

Phone number: õ õ õ õ õ õ Email address: õ õ õ õ õ õ ..õ õ

If you are contacting us on behalf of someone else, please give us their name and your relationship to them:

õ õ

I am making a:

Complaint

Comment

Compliment

About your complaint, comment or compliment

What is your complaint, comment or compliment about?

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Have you contacted us about this issue before? Yes No

If so, who did you deal with?.....

What action would you like us to take to resolve this complaint?

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