

Name of Service: QRC Domiciliary Care

Form Name: Complaint Form

Ref No: DCF - 011

We hope that in your dealings with us you will find our staff and services meet with both your expectations and your approval.

If ever these standards fall below that which you find acceptable, or if there is anything else that you are unhappy about, we would ask that you tell us as soon as possible using this form.

Your input into our services is vital to ensure that unacceptable practices and / or standards are not allowed to continue. We welcome your comments and can promise that your complaint will be handled promptly and efficiently by the Manager, or passed to a higher authority if you so wish.

Complaints offer the us a chance to correct something that is not right and provides us with an opportunity to improve our service.

Please complete the form below and hand it in to any member of staff – or send it to our offices if you wish. Your complaint will be acknowledged in writing within 7 days of receipt telling you the name of the person dealing with the complaint. Your complaint will be treated in the strictest of confidence at all times.

Your Name:	Signature:
Your Address:	Date:
Postcode:	Phone No:
	Mobile No.
Please tell us what your complaint is:	
Please continue on another sheet if required	
For Office Use:	Date Received:
Passed to:	Complaint Ref No./ CR.....
	Letter sent:

****Please note**:**

You have the right to refer this (or any other) complaint to the Care Quality Commission at any time.