|  |  |  |
| --- | --- | --- |
| **Primary Contact Person (person completing form)** | | |
| **First name:** |  | |
| **Surname:** |  | |
| **Position:** |  | |
| **Contact number:** |  | |
| **Email address:** |  | |
| **Preferred method of contact:** |  | |
| **Are you completing this form on behalf of someone?** | Yes | No |
| **If yes, please detail:** | | |
| **Name of person** |  | |
| **What is your relationship to this person?** |  | |
| **Does the person know you’re making this complaint?** | Yes | No |
| **Does the person consent to the complaint being made?** | Yes | No |
|  | | |
| **What is your complaint about?**  *Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved, etc.* | | |
|  | | |
|  | | |
| **Who is your complaint about?** *If you are unaware of the person’s details, please insert “N/A” for not applicable.* | | |
| **First name:** |  | |
| **Surname:** |  | |
| **Post code:** |  | |
| **Contact number:** |  | |
| **Email:** |  | |
| **Organisation:** |  | |
| **Position:** |  | |
| **What is their relationship to you?** |  | |
|  | | |
| **What outcomes are you seeking?** | | |
|  | | |
| **Supporting information**  *Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain.* | | |
|  | | |
| **Have you made a complaint about this to any third-party organisations?**  *(For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman, etc.)*  *If so, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.* | | |
|  | | |
|  | | |
| **Would you like to be involved in the resolution process?** | Yes | No |