



Complaints Form

A: Your details

Name:	
Address:	
Contact Details:	
Email:	Phone:
How would you like us to contact you?	

If our usual way of dealing with complaints makes it difficult for you to use our service, please tell us so that we can discuss how we might help you.

The person who experienced the issue should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B as well. (*Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority and/or consent to act on behalf of the person concerned).

B: Making a complaint on behalf of someone else: Their details

Their name in full:
Their address:
What is your relationship to them?
Why are you making a complaint on their behalf?

C: About your complaint

(Please use a separate sheet(s) if necessary to continue your answers)

What happened? What do you think we did wrong, or failed to do?
When did it happen (please include date(s) / times?)
Who was Involved?
What is your most important concern?
What are your other concerns (if applicable)?
Describe how you personally or the person you are representing has been affected:
What do you think should be done to put things right?
Have you already put your concern to any staff? If so, please give brief details of how and when you did so.

If you have any documents to support your concern/complaint, please attach them with this form.

Signature: _____

Date: _____

When you have completed this form, please forward it to:

Diana Rose, Complaints Officer

Orwell Healthcare, 112 Orwell Road, Rathgar, Dublin 6

(or email to doc@orwellhealthcare.ie)

We will contact you within 5 working days to discuss the matter.