



## Dalgarno Trust Compliment & Complaint Form

Our service is committed to providing high-quality care and services and meeting your needs. We value your feedback including complaints. Let us know what we do well and where we can improve. **Please tick the boxes below to indicate your responses.**

**This is a (please tick the box that applies):**

Compliment

Complaint

Feedback

### Section 1: Your details:

1. Do you wish to remain anonymous?

Yes  No

**If yes go to section 3**

2. Your details:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

3. Do you require an interpreter?

Yes  No

**If yes which language? .....**

4. Are you providing feedback on another person's behalf?

Yes  No

**If no go to Section 3**



## Section 2: Feedback made on another person's behalf

5. Please provide information about the person you are representing:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

6. What is your relationship to the person you are representing? Are you a legal representative for the person who received the service? e.g. parent of a child under 18 years or guardian

Yes  No

**If yes provide details below:**

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7. Does the person know you are making a complaint on their behalf?

Yes  No

**If no provide the reason why:**

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8. Are we able to speak with the person who received the service?

Yes  No

**If no provide the reason why:**

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**9. Consent from the individual on whose behalf feedback is being provided:**

If you are providing this feedback on another person's behalf, we require their consent to obtain and pass on their personal information in relation to this matter. Please provide evidence of their consent when submitting this form, for example by obtaining their signature below.

I,..... (insert name of person giving consent) give permission to..... (Insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment/feedback as necessary.

Signature:		Date:	
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**Section 3: Please state your concerns:**

10. Please provide details of your main concerns including what events led to making the complaint/compliment/feedback, approximate dates and who was involved.

**Section 4: Outcomes**

11. What outcome would you like to see as a result of your feedback?



## **Section 5: Privacy**

Dalgarno Trust is committed to protecting your privacy. We collect and manage personal information that you provide on this feedback form for the purpose of investigating and responding.

Dalgarno Trust will only use your information in accordance with relevant privacy and other laws. For us to provide services to you effectively and efficiently, we may need to share your personal information with others who deal with the matter identified in your feedback.

If you choose to remain anonymous, we may be unable to deliver the full range of services you require.

If you wish to contact Dalgarno Trust who are responsible for managing the personal information that you provide on this form please call 0208 969 6300

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact [esma@dalgarnotrust.org.uk](mailto:esma@dalgarnotrust.org.uk)

## **Section 6: Declaration**

12. Paragraph declaring information provided is true and correct.

By typing your name below, you acknowledge and agree the information you have provided is true and correct.

Signature:		Date:	
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**Thank you for taking the time to provide feedback about our service.**