ANONYMOUS COMPLAINTS & FEEDBACK FORM

The Complaints Manager

Please complete this form and send it to us:

The Complaints Manager PO Box 605, Duncraig, 6023

	Who is the person, or what is the service, about whom you are complaining or providing feedback about			
	Name or Service			
	Does the person know you are making complaint/providing feedback?	this	☐ Yes	□ No
What is your Complaint/Feedback about? Please provide some details to help us understand your concerns.				d your concerns.
	What happened:			
	Where did it happen:			
	When did it happen:			



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Who was involved:					
Supporting Information Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?					
What outcomes are you seeking because of the complaint/feedback?					
OFFICE USE ONLY					
Date received					
Action taken or required					
Date action completed					
Signature					

