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| **Date of complaint being raised:** |
| **Person completing form:** |
| **Person raising complaint:** |
| **Relationship to client (if the person completing this form is not the person making the complaint):** |
| **Email address of the person making the complaint:** |
| **Contact number of the person making the complaint:** |
| **Preferred method of contact:** Email  Phone  Other  Please specify: |
| **Complaint/feedback details** |
| **Who or what is the complaint about? Please give us as much detail as you can, so we can resolve your complaint as quickly as possible.** |
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| Thank you for your feedback – your views help us to continuously improve what we do. We aim to respond within 24 hours of receiving your compliment. |
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| **For THCS staff to complete** |
| **Section 1 - Description of the complaint (please attach copies of letters, emails, files or any other information submitted by the complainant(s) wherever possible).** |
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| **Section 2 - Immediate action taken** |
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| **Section 3 - Action required** |
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| **Section 4 – Have any previous complaints or concerns been raised? If yes, then please describe them below.** |
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| **Section 5 - Response to complaint** |
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| **Outcome of Investigation** |
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| **Complaint entered into THCS Complaints + Compliments Register?** |
| Yes  No |

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| **Referral to local safeguarding authority required?**  Yes  No |
| **Date referred to local safeguarding authority?** |
| **Name of person referred to:** |
| **Email of person referred to:** |
| **Contact number of person referred to:** |
| **Comments:** |

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| **Statutory notification to CQC?**  Yes  No |
| **Date referred to CQC?** |
| **Name of person referred to:** |
| **Email of person referred to:** |
| **Contact number of person referred to:** |
| **Comments:** |

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| **Action Plan** |
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