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| **Date of compliment:**  |
| **Person raising compliment:**  |
| **Person making compliment/offering feedback:**  |
| **Relationship to client:** |
| **Email:** |
| **Contact number:**  |
| **Preferred method of contact:** Email [ ]  Phone [ ]  Other [ ]  Please specify:  |
| **Compliment/feedback details** |
|  |
| 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. |
| **For THCS staff to complete** |
| **Date compliment/feedback received:** |
| **Response details (e.g., who responded, when, and how)** |
|  |
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