

WE WOULD LIKE TO KNOW IF YOU ARE NOT HAPPY WITH ONE OF OUR SERVICES. PLEASE WRITE THE DETAILS OF YOUR COMPLAINT BELOW.

Your Name: _____

Your Address: _____

Your Tel Number: _____

Your E-mail: _____

How Shall we Contact you? Please Tick.

By Letter

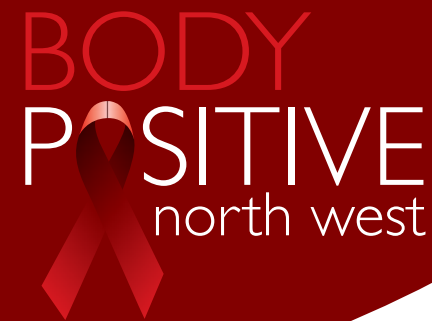
By E-mail

By Tel

YOUR COMPLAINT

Please include dates and or times if known and appropriate.

Continue on the back page if required.



MAKING A
SUGGESTION
OR COMPLIMENT

USE THIS FORM TO
TELL US YOUR
THOUGHTS

WE WOULD LIKE TO KNOW IF YOU WOULD LIKE TO MAKE A SUGGESTION OR COMPLIMENT ANY OF OUR STAFF OR SERVICES.

YOUR SUGGESTIONS

By telling us your suggestions we can use the information to help improve services in the future. Increase the services we offer and use your comments to help in our own appraisals.

YOUR COMPLIMENTS

Passing on your compliments about our services lets us know that we are doing things right. This way we can direct our efforts towards those areas that need improvements. Telling our staff and volunteers that they have done something of note is something we would like to celebrate. If someone has made that extra difference during your time with us let us know.

COMPLAINTS

This form is for suggestions on how we can improve services. If you have any reason to complain please pick up a copy of our complaints form.

COMMENTS / SUGGESTIONS

Please write details of your suggestion / comment below.

Your Name:

Your Address:

Your Telephone: _____

Your Email: _____

YOUR COMMENT / SUGGESTION



SERVICE / SUGGESTIONS

Please write details of Service compliments below.

Your Name:

Your Address:

Your Telephone: _____

Your E-mail: _____

Your Service compliment

YOUR COMMENT / SUGGESTION