

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

Complaints Form

(Please use block capitals)

Name:

Address

..... Postcode:

Tel No: Email:

Does the Complaint relate to a young person under 18 Yes/No If Yes:

Young Person's Name

Young Person's Date of Birth

What is your complaint? (Please give as much information as possible, for example, the service you received and when/where the event(s) took place)

Have you raised this issue before? Yes/No
If yes, with whom and what, if any, action was taken

How would you like us to resolve the matter?

Your Signature: **Date:**

If you are complaining on behalf of another person, please provide their details along with a signed mandate or other written confirmation that they have agreed that you can act on their behalf.

Please return the completed form and signed mandate/other written confirmation by email to: argyllandbutehscp.feedback@nhs.scot

Or send by post to: Feedback Team, Argyll and Bute HSCP, Kilmory, Lochgilphead, Argyll, PA31 8RT