



Appendix 2: Complaints / Praise form

Name:	Date:
Address:	
Daytime Telephone:	
Can we contact you on this number?	Yes No (Please circle)
Can messages be left on this number?	Yes No (Please circle)
Date of Event leading to Complaint / Praise:	
Please give details of the event: (continue on overleaf if required)	

How would you like the matter to be resolved? (continue on overleaf if required)

Office use only

Received by:	Date:
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Details of action taken:

Date of resolution: