**Renfrewshire Health and Social Care Partnership**

**Complaints Form**

**Information about you:**

|  |  |
| --- | --- |
| your name |  |
| your address |  |
| your date or birth |  |
| your email address |  |
| your phone number |  |
| CHI number – if you know it |  |

**If you are complaining on behalf of someone else:**

|  |  |
| --- | --- |
| their name |  |
| their address |  |
| their date or birth |  |
| their email address |  |
| their phone number |  |
| CHI number – if you know it |  |
| your relationship to them |  |

**Information about the complaint:**

|  |  |
| --- | --- |
| which service are you complaining about? |  |
| when did this happen? |  |
| where did this happen? |  |

|  |
| --- |
| What happened? |
|  |

**Preferred outcome:**

|  |
| --- |
| How would you like us to resolve the matter? |
|  |

**Communication requirements:**

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| --- |
| We usually communicate by email. Please advise if you require a different communication method. |
|  |