

Appendix A

Concern/Complaint form

A: Your details

Surname	Forename(s):	Title: Mr/Mrs/Miss/Ms/if other please state:
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Address and postcode:	
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Your e-mail address:	
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Daytime contact phone number:

Mobile number:	
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Hospital number (if appropriate):

Please state by which of the above methods you would prefer us to contact you

Your requirements: if our usual way of dealing with complaints makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we might help you.

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B: Making a complaint on behalf of someone else: Their details

Their name in full:	
Address and postcode:	
Hospital number (if appropriate)	
What is your relationship to them?	
Why are you making a complaint on their behalf?	

C: About your concern/complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

- C.1 Name of the department/section/service you are complaining about:
- C.2 What do you think they did wrong, or failed to do?
- C.3 Describe how you personally have suffered or have been affected.
- C.4 What do you think should be done to put things right?
- C.5 When did you first become aware of the problem?

C.6 Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.

C.7 If it is more than 6 months (12 months for health concerns) since you became first aware of the problem, please give the reason why you have not complained before now.

If you have any documents to support your concern/complaint, please attach them with this form.

Signature:

Date:

When you have completed this form, please send it

to:

Llangathen Community Council,

Crachty Isaf, Capel Isaac, Llandeilo,

Carmarthenshire. SA19 7UH

or e-mail to council@llangathen.org.uk