**Concern / Complaint form**

**Please Note:** The person who experienced the problem should normally fill in the form. If you are filling this on behalf of someone else, please fill in Section B**.**

**A: Your Details**

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

Please state how 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.

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

**Please Note:** We have to be satisfied that you have the authority to act on behalf of the person who has experienced the problem.

|  |  |  |
| --- | --- | --- |
| Their name in full: |   |   |
| Address & postcode: |   |   |
| 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 department / 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** When did you first become aware of the problem?

**C.5** 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.6** If it is more than six months since you first became aware of the problem, please say why you have not complained before now:

**D: Putting things right**

**D.1** What do you think should be done to put things right?

|  |  |  |
| --- | --- | --- |
|   |   |   |

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:

Barcud Cyf.

Ty Canol House

Ffordd Croesawdy

Newtown

Powys

SY16 1AL