

## **CARE SERVICES COMPLAINTS FORM**

**Please state name of Housing-with-Care Scheme where complaint originated:**

\_\_\_\_\_

**Time complaint was made:** \_\_\_\_\_

**Name of staff member receiving complaint:** \_\_\_\_\_

**Complainant's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Details of complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of any precipitating factors?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of response given at the time of the complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name(s) of staff or other people who have knowledge of situation giving rise to the complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of actions taken by staff, clients or other people to resolve the complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of which actions are deemed necessary to prevent a recurrence of the situation complained of:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am happy that the problem has been handled adequately and resolved:**

**Signature of complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am not satisfied that the problem has been handled adequately and resolved. I wish for the matter to be taken further and to involve those people mentioned below.**

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of staff in attendance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Scheme Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If appropriate or if requested, the complaint should be reported to one or more of the agencies below:**

<b>Next of Kin:</b>	<b>Time:</b> _____	<b>Date:</b> _____
<b>Social Worker:</b>	<b>Time:</b> _____	<b>Date:</b> _____
<b>GP:</b>	<b>Time:</b> _____	<b>Date:</b> _____
<b>Public Health Nurse:</b>	<b>Time:</b> _____	<b>Date:</b> _____
<b>Garda:</b>	<b>Time:</b> _____	<b>Date:</b> _____

**Has the complaint been noted on the following records:**

(a)	Care Plan	YES/NO	(d)	Personal File	YES/NO
(b)	Handover Notes	YES/NO	(e)	Complaints Book	YES/NO
(c)	Accident File	YES/NO			