CrossReach strives to provide a quality service but understands from time to time issues of complaint will arise. CrossReach encourages complainants to raise issues of complaints at the earliest opportunity.

### Complainant’s Details

Name:-

Address:-

Contact Telephone Number:-

If you wish your response to be sent to a different address than that provided above, please provide details.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick the box which best describes the capacity in which you are raising this complaint**

|  |  |
| --- | --- |
| Person using the service |  |
| Relative |  |
| Representative/Advocate |  |
| Member of the public |  |

 |

**If you are complaining on a person who uses our service behalf or are assisting a person who uses a service to complain, please provide their name**

Name:-

### Please provide the name of Service which your complaint refers to

**Details of the nature of your complaint** – please provide specific details including, date, time, location etc. (please continue on a separate sheet if necessary)

**Any action already taken** – please detail any action already taken with regards to this complaint (eg, raised verbally with Manager), and if so, what was the outcome.

**Signed:-**

**Dated:-**

|  |
| --- |
|  **Please submit your Complaint Form to:-**  Business Partner – Quality, Compliance and Improvement CrossReach Charis House 47 Milton Road East Edinburgh EH15 2SR Or e-mail claire.hay@crossreach.org.uk You will receive a written acknowledgement within 3 working days of receipt.   |