

CROSSREACH

Care you can put your faith in

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	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Representative/Advocate	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>

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 gordon.thomson@crossreach.org.uk

You will receive a written acknowledgement within 3 working days of receipt.