**Complaints Form**

This form is for use if you have already discussed a problem concerning a service offered by Southwark Carers and you are not satisfied with the response you received. This complaints form is part 2 of the Southwark Carers Complaints Procedure.

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| Name: | Address: |
| Telephone: |
| Please tell us in as much detail as possible about your complaint. Please include where possible the date of any incident, the name of any staff member involved, etc. You can use extra sheets of paper if necessary. | |
| What do you think Southwark Carers should do to put things right? | |
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| Have you any further comments / suggestions? |
|  |

Signed: ..................................................................................

Date: ..................................................................................

Please return this form to:

The Chair of the Board of Trustees

Southwark Carers

3rd Floor Walworth Methodist Church

54 Camberwell Road

London

SE5 0EN

Please ensure that the letter is marked confidential.