

## STANDARD COMPLAINTS FORM

**Dementia Adventure** aims to provide the highest standard of services to its customers and beneficiaries. We welcome all comments from service users/members of the public. Complaints are useful in determining whether or not we are meeting our aims and objectives. Any comments received from service users/members of the public, allows us to review and improve our service(s) in the required areas.

**Date complaint received:** \_\_\_\_\_

**How complaint received:**

Telephone     E-mail     Letter     In Person     Social media

**Complainant name:** \_\_\_\_\_

**Complainant preferred method of contact:**  
\_\_\_\_\_

**Relationship to DA:**  
\_\_\_\_\_

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

**Officer assigned to deal with complaint:** \_\_\_\_\_

**Respond by date:** \_\_\_\_\_

**Any further action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copy of complaint attached      YES/NO**