

Parents and Carers Together Stockport
Written Compliments and Complaints Form

This is a: Compliment

Complaint

PACTS Reference:

Name

Date

Address

.....

Post code.....

Tel:

Email:

If you are writing on behalf of someone else, please write that person's name here:

Name

Relationship to individual

Your contact details.....

Are they aware that you are writing on their behalf? Yes / No

Please give full details below, including dates and names where appropriate. Please also let us know if you have any special needs e.g. interpreter

Print Name: Signature: Date:

Feedback to complainant – detailing if satisfactory outcome reached

Print Name: Signature: Date:

If this is a complaint, please state what you would consider to be an appropriate outcome.

Signed: _____

Thank you for completing this form. You will receive a response within 3 working days of receipt of this form.

Data Protection: Parents and Carers Together Stockport is committed to the confidentiality of your personal information. Personal data will be held and used in accordance with the Data Protection Act 1998 and will not be shared with any third parties for commercial use.

Further action/recommendations (if necessary)

Print Name: Signature: Date:

Parents and Carers Together Stockport
Verbal Compliments and Complaints Form

This is a: Compliment

Complaint

Name

Date

Address

.....

Post code.....

Tel:

Email:

Please record details below, including dates and names where appropriate. Please also indicate if the person has any special needs e.g. interpreter

If this is a complaint, please find out what they would like to happen to resolve the issue:

Thank the user and inform them that they will receive a response within 30 working days.

Parents and Carers Together Stockport Complaint Investigation Form

PACTS Ref no:	Date Received:	Final Response Due:
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Name of Complainant:	Address:
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Key issues to be investigated:

Outline in chronological order work undertaken to investigate fully the complaint(s) made:

Actions identified as a result of complaint. If no action required, please state why e.g. complaint not upheld	Individual responsibility for taking action	Timescale

Outcome of complaint

Not upheld Satisfied Request for Stage 2 Request for Stage 3

Complaint Investigator

Signature: _____

Date: _____

Name: _____

PACTS Complaints Log

Reference (URN)	Name of complainant	Date of complaint	Nature of complaint	Date Complaint Investigator notified	Date response to complainant	Stage 1 outcome & recommendations	Date if complainant appeals	Stage2 outcome & recommendations	Date if complainant seeks Independent Review	Stage 3 outcome & recommendations

PACTS Compliments Log

Reference (URN)	Name of user	Date of compliment	Verbal or Written	Details of compliment	Actions taken