

**ARGYLL AND BUTE**

**HEALTH AND SOCIAL CARE PARTNERSHIP**

**Complaints Form**

**(Please use block capitals)**

**Name:**……..…………………………………………………………………………………………..

 **Address**…….…………………………………………………………………………………………

…………………………………………………………….. **Postcode:** …………………………..

**Tel No:** ……………………………………. **Email:** …………………………………………….

**What is your complaint? (Please give as much information as possible, for example, the service you received and when/where the event(s) took place)**

**Have you raised this issue before? Yes/No**

**If yes, with whom and what, if any, action was taken**

**How would you like us to resolve the matter?**

**Your Signature:**  …………………………………………. **Date:** …………………………

**If you are complaining on behalf of another person, please provide their details along with a signed mandate or other written confirmation that they have agreed that you can act on their behalf.**

**Please return the completed form and signed mandate/other written confirmation by email to:** **argyllandbutehscp.feedback@nhs.scot**

**Or send by post to: Feedback Team, Argyll and Bute HSCP, Kilmory, Lochgilphead, Argyll, PA31 8RT**