

Cumas Complaints and Compliments Form

We welcome your feedback!

Cumas is committed to providing high quality care and support services and meeting your needs. We value your feedback - including complaints. Please let us know what we do well and where we can improve our services. This form may be used to make a complaint or provide feedback on services, but you are not obliged to use this form. You may choose to speak to a member of our team or write to our service managers.

Tell Us About You and Your Feedback

1. This is a

- Compliment
- Complaint
- Comment

2. I am

- An Individual
- A Staff Member
- A Family Member
- A Representative/Advocate
- A Member of the Public
- A Statutory/Voluntary Agency Staff
- Other

Details of Person making Complaint/Compliment/Comment

3. Name:

4. Address:

5. Contact Details (Phone and/or Email)

Details of Experience

6. Date of experience leading to your complaint, compliment or comment

7. Have you reported your comment to a staff member or volunteer?

Yes

No

8. If Yes, please enter name, location and date

9. Please outline a brief description of your complaint, compliment or comment

If you are describing a complaint, please include how you think we could help you to resolve the complaint effectively

10. Completed By:

11. Date:

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