

Please Note: The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in <u>Section B</u>.

Section A: your details

| Title: | |
|----------------------------|--|
| Forename(s) | |
| Surname: | |
| Address and postcode: | |
| | |
| Email address: | |
| Daytime phone number: | |
| How should we contact you? | |
| y 0u. | |
| | |

Your requirements: if our usual way of dealing with complaints makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we might help you.

Mae'r ddogfen hon ar gael yn Gymraeg. This document is available in Welsh.

Section B: making a complaint on behalf of someone else

Their details

Please note: We have to be satisfied that you have the authority to act on behalf of the person who has experienced the problem.

| Their full name: | |
|-------------------------------------------------|--|
| Address and postcode: | |
| What is your relationship to them? | |
| Why are you making a complaint on their behalf? | |

Section C: about your concern / complaint

| If you | are filling | out a | paper | form, | you c | can c | continue | your | answers | to th | ne ques | stions | bel | ЭW |
|--------|-------------|---------|---------|--------|-------|-------|----------|------|---------|-------|---------|--------|-----|----|
| on a s | eparate s | sheet i | f neces | ssary. | | | | | | | | | | |

| on a separate sheet if necessary. |
|--------------------------------------------------------------------------|
| 1. Name of the department / section / service you are complaining about: |
| |
| |
| 2. What do you think they did wrong, or failed to do? |
| |
| |
| |
| 3. Describe how you personally have suffered or have been affected: |
| |
| |
| |
| |

4. What do you think should be done to put things right?

| 5. When did you first become aware of the problem? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so: |
| 7. If it is more than six months since you first became aware of the problem, please say why you have not complained before now: |
| If you have any documents to support your concern / complaint, please attach them with this form. |
| Signature: |
| Date: |
| When you have completed this form, please send it to: |
| Kevin Roberts Statutory and Corporate Complaints Officer Your Voice |
| PO Box 62 |
| Ruthin |
| LL15 9AZ |