

**Appendix I - Complaints Form**

**PLEASE FILL THIS FORM AND FORWARD TO THE COMPLAINTS OFFICER**

Please complete and post to: Private and Confidential, Complaints Officer, Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin 7 email to: [info@carealliance.ie](mailto:info@carealliance.ie).

Date of Complaint: \_\_\_\_\_

Complaint made by: \_\_\_\_\_

Complaint made about: \_\_\_\_\_

These questions below might help you explain your complaint.

- Who was involved ?
- What happened and when ?
- What are you concerned about ?
- Have you done anything else to resolve this matter ?
- What do you want to happen now ?
- Include any extra information and/or copies of other relevant documents

Brief Description of the Complaint : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your details**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: (If you wish) \_\_\_\_\_

Phone Number to Contact You: \_\_\_\_\_

Your address: \_\_\_\_\_

T +353 1 874 7776

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W [www.carealliance.ie](http://www.carealliance.ie)



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