

'Guiding support for family carers'

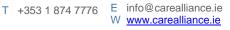
Appendix I - Complaints Form

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: <u>info@carealliance.ie</u> .
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:







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