

Appendix II - Compliments 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.

Date of Compliment: _____

Compliment made by: _____

Compliment made about: _____

Brief Description of the Compliment : _____

Your details

Name: _____

Signature: _____

Date: _____

E-mail: (If you wish) _____

Phone Number to Contact You: _____

Your address: _____

T +353 1 874 7776

E info@carealliance.ie
W www.carealliance.ie



@CareAllianceIrl

A Coleraine House
Coleraine Street
Dublin 7, Ireland
DO7 E8X7

Registered Company No
461315
Charity Registration No
20048303
CHY No 14644

