


Form 1: Service Complaint Form

 <p>WEST LIMERICK INDEPENDENT LIVING CLG</p>	<h2>Service Complaint Form</h2>
Complainant details	Client/Service User details (if different)
Name:	Name:
Address:	Address:
Eircode:	Eircode:
Ph(Home):	Ph(Home):
Ph(Work):	Ph(Work):
Mobile:	Mobile:
Contact preference:	DOB:
Relationship to client/service user:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of complaint:
Language other than English: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of incident:
Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of incident:
Language spoken:	
Interpreter used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summary of complaint (What happened? Where did it happen? Who was involved?)	

What would you like to happen as a result of this complaint? What would be a satisfactory outcome? How could our service be improved?

How would you prefer to be contacted in relation to this complaint?

For official use –

How was the complaint made:

Letter Email Face to face
Complaint form Telephone Other

Who took the complaint?

Name:

Signature:

Contact number:

Work location:

Date:

Thank you for your feedback.

Return To:

West Limerick Independent Living Ltd.

Enterprise Centre, Sheehan's Road, Newcastle West, Co. Limerick, Ireland.

Tel: 069 77320 Fax: 069 78010

Email: info@limerickcil.com