

## COMPLAINT FORM

Please complete this form if you wish to make a formal complaint.

Completing this form will give us the information we need to deal with your complaint. Please contact us on 028 9536 2600 if you need any help to complete the form.

1. Your Details	
Title: (e.g. Mr, Mrs, Ms etc.)	
First Name:	
Last Name:	
Address:	
Phone No (Home)	
Phone No (Mobile)	
Email Address	
We may need to contact you to check details of your complaint. Please tick the way you would like us to do that.	
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Other (please detail below)
Do you need any special arrangements when we contact you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Details of the Complaint	
Please give full details of the complaint ( <i>please use another sheet if necessary</i> ):	

### 3. Declaration<sup>1</sup>

To the best of my knowledge, the information I have provided above is accurate. I understand that in order to investigate this complaint, the NISCC will need to share details with all parties concerned.

**Signed:** .....

**Date:** .....

When you have filled in the form, please return it to:

Complaints Manager  
Northern Ireland Social Care Council  
7<sup>th</sup> Floor Millennium House  
19-25 Great Victoria Street  
Belfast  
BT2 7AQ

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<sup>1</sup> This is a confidential report of the Northern Ireland Social Care Council. Its contents are governed by the Data Protection Act 1998 and as such must be retained in a secure location with access restricted to named individuals.