



I am



upset

and

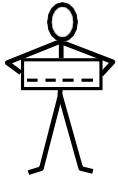


I

want to



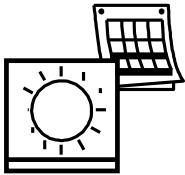
complain



Name:



Address:



Date:



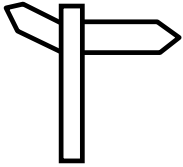
Time:



My complaint



What happened?



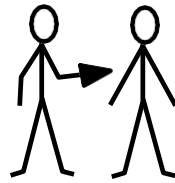
Where did it happen?



When did it happen? (date and time)




Who saw it happen?



What has upset you?




Food



Noise



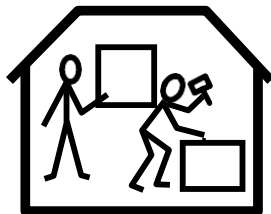
Violence



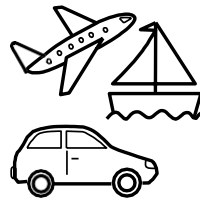
Shouting



Day service choices


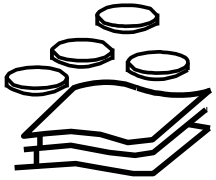


College



Transport


Where I live


Money




Social worker



Bullying




Staff



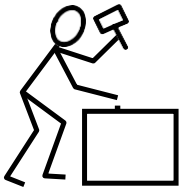
Abuse



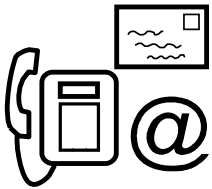
Stealing



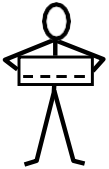
Something else?



What do you want to be done?



If someone else has helped you complete this form, please give us their contact details.



Name of the person helping me is:



Who are they? (tick)

Keyworker

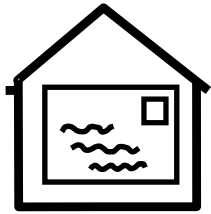
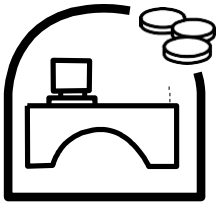
Other Transform staff

Family

Friend

Advocate

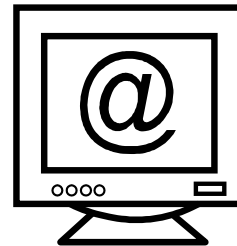
Someone else



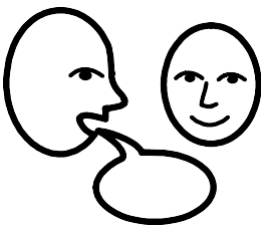
Organisation and address of person helping you



Phone number of the person helping you



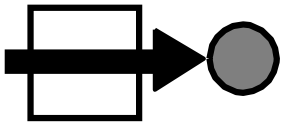
Email address of the person helping you



Can we contact the person helping you about your complaint?

Yes

No



Please pass this completed form to a member of Transform staff.

Signed:
(Person making the complaint)

Date:

.....

.....

Signed:
(Person helping to complete the form)

Date:

.....

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