Service User Complaint Form

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| **Name:** |  |
| **Contact Tel. No.:** |  |
| **Contact E-Mail:** |  |
| **Date of Incident:** |  |

**Nature of Complaint**

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**Desired Action**

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|  |

**Sign:**

**Date:**

Please submit this form by e-mail to enquiries@accord.scot

***ACCORD USE ONLY***

|  |  |
| --- | --- |
| *Complaint Categorised as ‘Serious’ (Y/N):* |  |
| *Complaint Reference No.:* |  |
| *Complaint Receipted Date:* |  |
| *Complaint Initial Response Date:* |  |
| *Complaint Closure Date:* |  |
| *Quality Assurance (QA) Sign:* |  |