Complaints Form

**Your Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone No. |  |
| Email |  |

If you are representing the Person with the Complaint, please add your details below:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone No. |  |
| Email |  |

**Nature of Complaint**

You have used our services and aren’t happy

You feel you or someone else hasn’t received a service that we said we would provide

You are unhappy with a decision made by the board

Date of event or outcome you are complaining about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Complaint**

what you think went wrong:

what you think we should do to put it right:

**Send form to:**

**Email:** michelle@kathleengrahamtrust.org

**Post: The KGT, PO BOX 240, NEWTOWNABBEY, BT36 9ES**