



Complaint Form - Written

A: Your details

Surname:

Forename(s)

Title : Mr/Mrs/Miss/Ms/if other please state:

Address

Your email address

Daytime phone number

Mobile number

Please state by which of the above methods you would like us to contact you

B: Making a complaint on behalf of someone else: Their details

Their name in full

What is your relationship to them?

Why are you making a complaint on their behalf?

C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

What do you think we did wrong, or failed to do?



Padre Pio Nursing Home

What do you think we did wrong, or failed to do? (cont.)

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Describe how you personally or the person you are representing has been affected

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What do you think should be done to put things right?

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Have you already put your concern to the frontline staff responsible for delivering the service?
If so, please give brief details of how and when you did so.

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If you have any documents to support your concern/complaint, please attach them with this form.

Signature:

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Date:

When you have completed this form, please send it to:

Lucie McCormack
Director of Nursing
Padre Pio Nursing Home
Holycross
Thurles
Co. Tipperary

Office Use Only:		
Frontline Resolution		
Full Investigation		
Low	Moderate	High