



Complaint Form

Ref No: LDC-011

We hope that in your dealings with us you will find our staff and services meet your expectations and your approval.

If ever these standards fall below that which you find acceptable, or if there is anything else that you are unhappy about, we would ask that you tell us as soon as possible using this form.

Your input about our services is vital to ensure that unacceptable practices and/ or standards are not allowed to continue. We welcome your comments and can promise that your complaint will be handled promptly and efficiently by the Manager or passed to a higher authority if you so wish. Complaints offer us a chance to correct something that is not right and provides us with an opportunity to improve our services.

Please complete the form below and hand it in to any member of staff or send it via post if you feel so inclined or complete this form online via our website <http://www.lalisdirectcare.co.uk>. Your complaint will be acknowledged within 24 hours of receipt, telling you the name of the person dealing with the complaint. Your complaint will be treated in the strictest of confidence at all times as a provider we comply with The Data Protection Act (1998) and The GDPR (2018). You will receive the final outcome of our findings within 10 working days from receipt.

Your Name:

Signature:

Date:

Phone No:

Your Address:

Postcode:

Mobile No:

Please tell us what your complaint is (if needed continue on a separate page):

For Office Use:

Date Received:

****Please note**:**

You have the right to refer this (or any other) complaint to the Care Quality Commission or London Borough of Hillingdon at any time