

# Complaints Form

For use by carers, families, volunteers, staff, or members of the public

## 1. Your Details

(You may submit anonymously, but we may not be able to investigate fully without contact information)

Name:

Preferred contact method:  Email  Phone  Post

Email address:

Phone number:

Address (optional):

## 2. About Your Complaint

Date of incident or concern:

Location (if applicable):

Who or what is your complaint about? (Please include names or roles if known)

Description of the issue: (Please provide as much detail as possible)

Have you raised this informally with anyone?

Yes  No If yes, who did you speak to and what was the outcome?

## 3. Desired Outcome

What would you like Lighthouse Dementia Support to do in response to your complaint?

## 4. Accessibility and Support

Do you need any support in submitting or discussing this complaint?  Yes  No If yes, please describe:

## **5. Declaration**

I confirm that the information provided is accurate to the best of my knowledge.

Signature:

Date: