



WESTERN REGION

Drug & Alcohol Task Force

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Complaints and Comments form

Complaints Record Form

Date of Complaint: _____

Complaint made by: _____

Complaint received by: _____

Complaint made by: Telephone

Letter

In Person

Other

All complaints are treated confidentially.

No service user will suffer loss of service because they have made a complaint.

Complainant details

Name of complainant(s): _____

Address of complainant(s): _____

Contact phone number of complainant/s: _____

If a complaint on behalf of someone else:

1. Who is the complaint on behalf of: _____
2. Who is making the complaint: _____
3. What is their relationship: _____
4. Does the representative have the complainants written consent to represent their interests ?
Yes
No

Details of the complaint (If insufficient space, attach extra page.

The complainant's desired outcome would be:

Signed

Complainant: _____ Date: _____

Manager: _____ Date: _____

Thank you for your comments. Complaints are valuable in helping to maintain and improve the service of the Western Region Drugs & Alcohol Task Force

How is the complaint being dealt with ? (To be completed by the WRDATF Co-ordinator)

Actions and outcomes (to be reported by the WRDATF Co-ordinator)
