Angel Approved
Care & Support Services

COMMENTS, COMPLIMENTS AND COMPLAINTS FORM

Please fill out this form if you wish to make a comment or complaint. It will help us to investigate more quickly if you include as much information as possible. If you need help to fill out this form, or would like to talk through the issue instead please contact our office (details on the left) to arrange. It will help us if you include your name and address, all complaints will be treated confidentially and won't affect the service you receive. You can, if you wish, remain anonymous.

The Registered Manager **Angel Approved - Care and Support Services** 14 Clinton Place Seaford East Sussex BN25 1NP	**The Local Government Ombudsman** PO Box 4771 Coventry CV4 0EH

Client Name:	
Client Address:	**Telephone:**
	Mobile:
	Email:
Your Name:	
Your Address:	**Telephone:**
	Mobile:
	Email:
Relationship to Client:	

Are you making the complaint on behalf of the client?
Please enter the details below. Please include dates and times if possible.

Signature:	**Date:**