



Complaint Feedback Form

Name of Young Person:		
Date of Birth:		
Date of incident:		
Date complaint received:		
What was the complaint regarding:		
Who was the complaint made to:		
Who investigated the complaint:	Date of investigation:	
Was this referred to outside agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please state who:		
Outcome of investigation:		
Designation:	Signed:	Date:
Following my complaint I was spoken to regarding the details by: I have been provided with this document as a formal response and: I am happy with the result <input type="checkbox"/> I am unhappy with the result <input type="checkbox"/> I have been provided with the contact details of my social worker and other advocates so I may discuss the situation with them.		
Young person signature:	Date:	
Senior M.O.S. signature:	Date:	