



Saint Joseph's Shankill

Dedicated to Dementia Care

Complaints Form - Saint Joseph's Shankill

A: Your details

Surname _____

Forename(s) _____

Title: Mr/Mrs/Miss/Ms/ if other please state: _____

Address _____

Your email address _____

Daytime phone number _____

Mobile number _____

Please state by which of the above methods you would like us to contact you

Your requirements

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have authority to act on behalf of the person concerned.

B. Making a complaint on behalf of someone else: Their details

Their name in full _____

Their address _____

What is your relationship to them? _____

Why are you making a complaint on their behalf? _____

C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

Please complete the details of your complaint.

Describe how you personally or the person you are representing suffered or has been affected

In your opinion what can we do to put things right?

Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.

If you have any documents to support your concern/complaint, please attach them with this form.

Signature: _____

Date: _____

When you have completed this form, please submit it to:

Elaine Byrne, Complaints Officer, Saint Joseph's Centre, Crinken Lane, Shankill, Co Dublin, Ireland

Tel: +353 (1) 282 3000 or +353 (1) 2719 222 **Email:** elaine.byrne@sjog.ie

[Office Use Only](#)

Date received	Complaint Ref No.