



# Saint Joseph's Shankill

*Dedicated to Dementia Care*

## Complaints Form

### **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.

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\_\_\_\_\_

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

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

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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.

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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:

Tushar Gupta, Complaints Officer, St John of God Hospital, Stillorgan, Co Dublin

**Tel:** +353 (1) 277 1461 or **Email:** [tushar.gupta@sjog.ie](mailto:tushar.gupta@sjog.ie)

Office Use Only

Date received	Complaint Ref No.