Name Of Home:

Form Name: **Feedback Form** **Ref No: 011**

We hope that in your dealings with the home you will find our staff and services meet with both your expectations and your approval. If ever these standards fall below that which you find acceptable, or if there is anything else that you are unhappy about or believe we could improve on, we would ask that you tell us as soon as possible using this form.

Your input into the home is vital to ensure that unacceptable practices and / or standards are not allowed to continue. We welcome your comments and can promise that your feedback will be handled promptly and efficiently by the Home Manager, or passed to a higher authority if you so wish.
Feedbacks offer the home a chance to correct something that is not right and provides us with an opportunity to improve our service.

Please complete the form below and hand it in to the home. Your feedback will be acknowledged in writing within 7 days of receipt telling you the name of the person dealing with the comments raised. Your feedback will be treated in the strictest of confidence at all times.

Your Name:	Signature:
Your Address: Postcode:	Date: Phone No: Mobile No.
Please tell us what your concerns are: Please continue on another sheet if required	

For Office Use:	Date Received:	
Passed to:	Feedback Ref No. ……………/ CR………	Letter sent:

Please note:
You have the right to refer this (or any other) feedback to the Care Quality Commission at any time.