



**COMPLAINTS PROCEDURE FORM 2 Engagement Services**

**This form is to be used by persons receiving Housing Support Services**

Ayr Housing Aid Centre endeavours wherever possible to listen to any complaints or suggestions and work with the users of our service to resolve any disputes amicably.

**Name and address of service user**

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**Name of Worker**

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**Nature of complaint**

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**Details**

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.....Please continue on separate sheet if necessary

Please note that service user can make a complaint or comment direct to the Care Inspectorate , Suites 3 & 4A, Sovereign House, Academy Road, Irvine, KA12 8RL, Telephone :- 0345 600 9527 or see [www.careinspectorate.com/index.php/complaints](http://www.careinspectorate.com/index.php/complaints)

Signed.....Date.....

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**RECEIPT**

We, hereby confirm we have received your complaint on..... and we will pass your complaint to the relevant party within our organisation. We hope to respond to you within 4 weeks.

This form is aligned with our Policy and Procedure Statement 6, which can be made available to you on request.

Signed.....Date.....