COMPLAINTS PROCEDURE FORM 1

Ayr Housing Aid Centre SCIO 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**

………………………………………………………………………………………………………………………………………………………………………………………………

**Complaint/suggestion against** ………………………………………………………………………………………………

**Nature of complaint** ………………………………………………………………………………………………

**Details**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Please continue on separate sheet if necessary

Signed………………………………………………………………..Date………………

# 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……………………