COMPLAINTS PROCEDURE FORM 2 Engagement Services

## This form is to be used by persons receiving Support Services

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**

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

**Name of Worker** ………………………………………………………………………………………………

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

**Details**………………………………………………………………………………………………………………………………………………………………………………………

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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………………

# 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………………