

Name of Service:

FORM NAME: Complaint Form **Ref No QRS-011**

We hope that in your dealings with us 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, we would ask that you tell us as soon as possible using this form.

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

Please complete the form below and hand it in to any member of staff- or send it to our offices if you wish to make a complaint, you can either complete the Complaint form in your folder or you can complete online whilst downloading the form via our website; <http://www.questrecoveryservices.org.uk> and e-mail to: info@questrecoveryservices.org.uk. Your complaint will be acknowledged in writing within 7 days of receipt telling you the name of the person dealing with complaint. Your complaint will be treated in the strictest of confidence at all times as a provider we comply with The Data Protection Act (2018).

Under the Data Protection Act (2018), we are required to gain your permission to keep personal details for you. Quest Recovery Services Limited staff may share this information with Health professionals and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information please see Your privacy on our website with regard to our GDPR policies.

Your Name:	Signature:	
	Date:	
Your Address:	Phone No:	

QUEST RECOVERY SERVICES LIMITED

Postcode:	Mobile No:	
Please tell us what your complaint is: Please continue on another sheet if required		
For Office Use:	Date Received:	
Passed to	Complaint Ref No: /CR.....	Letter Sent:

Data Protection consent *  I consent

**** Please note**:**

You have the right to refer this (or any other) complaint to the Care Quality Commission or London borough of Hillingdon or Slough Borough Council or London Borough of Ealing at any time.