#  HSCP-logo-small

Complaints Procedure

**Inverclyde**

**Health and Social Care Partnership**

**Let us know about your complaint**

|  |
| --- |
| **Your complaint** |
| **Please continue on a separate sheet if required** |

|  |
| --- |
| Which of these best describes your complaint? (please tick) |
|   | A service that should have been provided was not provided |
|  | A service was not provided to an appropriate standard |
|  | A request for a service has not been answered or actioned |
|  | Staff attitude/ professional practice |
|  | Policy/ assessment and reports |
|  | Other |
|  | Please specify… |

|  |
| --- |
| **Your details** |
| Name |  |
| Address |  |
| Address |  |
| Post code |  |
| Phone (home) |  |
| Phone (mobile) |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |  | Date |  |

**Send your complaint by email to:** complaints.hscp@inverclyde.gov.uk

**Send your complaint by post to**

Complaints
Inverclyde HSCP

Hector McNeil House

Clyde Square

Greenock PA15 1NB