



Procedure No: JMMJDPROC

Date Implemented: 30/06/94
Reviewed & Revised: 15/02/13

SERVICE USER COMPLAINTS POLICY

Notes: Richardson Partnership for Care believes that every service user has the right to live their life with privacy, dignity, independence, and choice and to be free from abuse or fear of aggression and violence. This policy and related procedure will be circulated to service users, social workers and family members or as appropriate on a yearly basis. Every service user should feel comfortable with complaining and be reassured that any complaint made will not be held against them or prejudice their care in anyway

ANY COMPLAINT YOU MAKE WILL BE DEALT WITH IN 28 DAYS

STAGE ONE:

You or another person chosen by yourself should feel that you can ask any member of staff for more information on things which you do not understand or upset you. You will be encouraged to fill in a complaints form and a member of staff can help you.

STAGE TWO:

If you are not happy with the answer given, you should then speak to the Home Manager. The Home Manager will then help you with any problems you may have and help solve them.

STAGE THREE:

If your problem has still not been sorted out PLEASE contact the Managing Partner:

Name: Greg Richardson-Cheater
Address: 144 Boughton Green Road
Kingsthorpe
Northampton NN2 7AA
Telephone: 01604 721178

STAGE FOUR:

It may also be the case that the person concerned feels unable to speak to the Home Manager, and therefore they can, if so desired, approach the Local Authority (THIS CAN BE DONE AT ANYTIME).

Local Authority Customer Feed Back Team Free Post NH0078 8-10 The Lakes Northampton NN4 7YD	CHC Francis Crick House 6 Summer House Road Moulton Park Northampton NN3 6BF	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Telephone: 0844-9840080 Fax: 01604-236828 Email: customerfeedback@northamptonshire.gov.uk	Telephone: 01604 651752 Fax: 01604 745375	Telephone: 03000 616161 Fax: 03000 616172 www.cqc.org.uk

All staff have a responsibility to help you to make your complaint



SERVICE USER COMPLAINTS FORM

Date:

Name:

Name (of person dealing with complaint):

Nature of Complaint:

Were there any witnesses (if so who):

Signed:

REPLY SLIP

Action taken:

Managers Signature:

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