**Friends of the Elderly Ireland Complaint Form**

Please return this form to the Manager, Friends of the Elderly Ireland, 25 Bolton Street, Dublin 1

Please mark the envelope “**Private & Confidential**”.

**Name:**

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**Position** (where applicable):

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**Organisation** (where applicable):

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**Address**:

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**Telephone No**. ........................................................ **Email**………………………………………………...

1. Details - Please give as much detail as you can about your complaint. Continue on more paper or attach any documents you wish to be considered.

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1. If you have raised this complaint before, what has been the response and why are you dissatisfied with it?

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1. In your opinion, what do you think we should do to resolve your complaint?

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Signed ........................................................................ Date .................................................

**FOR OFFICE USE**

Complaint received on (date)

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This complaint will be dealt with by

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Who you can contact:

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You will be given a copy of this form for your own records