

COMPLIMENTS AND COMPLAINTS PROCEDURE

As part of our continuing Quality Assurance programme, we welcome all comments, whether positive or negative, so please take the time to let us know your opinions. Your feedback is always useful and helps Corinium to maintain our high standards.

As part of our service you will be contacted regularly by our Client Services Manager to ensure the service being provided meets your needs and you are happy with the carer who has been placed with you.

General comments about the service may be discussed during the annual review visit, when you will not only have the opportunity to make any suggestions that you think might help with the provision of your care, but you can also make any comments you wish regarding any carers you have had over the last year.

In the interim, if you have any comments, compliments or concerns, however minor, we would ask that you contact us so we can discuss them with you.

We operate a robust complaints procedure so if you wish to make a formal complaint the process is as follows:

- We ask that a complaint form be completed and returned to the Corinium Care office
- Once we have received the complaint form in the office an acknowledgement will be sent out immediately
- We will endeavour to investigate the complaint within five working days, concluding the complaint procedure within 28 working dates where possible
- Should we be unable to complete within this timescale, all relevant parties will be informed
- Any resulting discussion and feedback from those involved will be relayed back to the complainant
- Any subsequent action taken by Corinium Care will also be reported back to the complainant
- All complaints are kept on file in the Corinium Care office and are covered by our strict confidentiality policy
- If you remain unsatisfied with the outcome of your complaint, you may wish to contact your Local Government Ombudsman for further advice

CORINIUM CARE COMPLAINT FORM

Client name

Complainant's name (if different from above)

Address

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Contact number

Name of carer involved (if applicable)

Date of incident

Details (please give as much information as possible about what happened, including dates and times, continuing on an extra sheet of paper if necessary)

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CORINIUM CARE COMPLAINT FORM (CONTINUED)

Was there anyone else who witnessed the incident?

Yes/No

If so, would you allow us to contact them? Please provide a contact number if relevant.

Name

Contact number.

If your complaint involves a carer, do you wish this complaint to be discussed with them?

Yes/No

Please tell us how you would like us to communicate with you about your complaint - do you wish your Care Manager to visit you to discuss this further, or would you prefer all investigations to be relayed to you in writing?

Personal visit Yes/No

In writing Yes/No

By telephone Yes/No

Signed Date

Name (in capitals)