

**Comment, Compliment or Complaint Form**

1. *If you wish to make a comment, compliment or complaint, then please fill in this form.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_



2. For the purposes of investigation of my complaint, I grant permission to St Patrick's Centre (Kilkenny) to access my personal confidential information.

This may be necessary to fully investigate your complaint.

Yes  No

3. Name of Individual / Service / about which you want to make a comment, compliment or Complaint: \_\_\_\_\_

Date of experience giving rise to the comment, compliment or complaint: \_\_\_\_\_

4. Please give full details of your comment, compliment or the nature of your complaint in the space provided:

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Signature of Complainant: \_\_\_\_\_  
(Person making the complaint)

