



HUMAN AID INITIATIVE's Compliment/Comment/Complaint Form

This is a Compliment/Comment/Complaint*

**please delete as applicable*

Part 1: Details of the person making compliment/comment/complaint:	
Name:	
Address:	
Telephone and email:	
If you have an advocate, please give their details here:	
Name of the advocate (if any)	
Organisation (if any):	
Address:	
Telephone and email:	
I wish to give a compliment/make a comment/complaint about the person/service named below:	
If applicable, I authorise you to share the details on this form and your response with my advocate named above.	
I want/do not want a response*. I want a written/oral response*. <i>*Please delete as applicable</i>	
Signature	Date
About me: Please tell us about yourself. You do not have to answer these questions but if you do, it will help us monitor and improve our services. Thank you.	
I am Male/Female/Other	
My age group: 16 or under, 17-18, 19-25, 26-40, 41-55, 56-65, 66 or over	
My ethnic group is:	
My religion:	
My disability:	

Part 2: Please write your compliment/comment/complaint:

Part 3: Please tell us what do you want us to do in response to your compliment/comment/complaint:

When complete, please give this to the HUMAN AID INITIATIVE registered address or send it via email: hai@humanaidinitiative.org