**Renfrewshire Health and Social Care Partnership**

**Complaints Experience Feedback Form**

At Renfrewshire Health and Social Care Partnership we understand that making a complaint can be a difficult and emotional experience. We therefore strive to make the process clear, efficient and supportive. We value your feedback so that we can continue to improve.

|  |  |
| --- | --- |
| Complaint Reference number (you can leave blank if you wish) |  |

**Feedback about your complaint experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1  v.poor | 2  poor | 3  ok | 4  good | 5  v.good |
| How easy was it to access the complaints process? |  |  |  |  |  |
| How were you treated by staff (for example: were they professional, polite, courteous etc)? |  |  |  |  |  |
| How well was empathy was shown? |  |  |  |  |  |
| Did you feel your complaint was answered in a timely manner? |  |  |  |  |  |
| How clear was the decision and explanation? |  |  |  |  |  |

**Any further comments:**

|  |
| --- |
|  |