

Aspects Care Ltd COMPLAINT FORM

Name:	
Address:	
Post code:	
E-mail:	
Tel (day):	Tel (eve):
What do you think Aspects Care Ltd or a staff member of Aspects Care Ltd has done wrong, or failed to do? <small>Please give as much information as possible (including reference numbers) and continue on a separate sheet if necessary</small>	
How has the problem affected you?	
What should Aspects Care Ltd do to put things right?	
*Signed:	Dated:

**(To be signed by the person making the complaint)*

If you would like some help in making a complaint, including filling in this form, please contact Sharon Kaur 0121 433 2500.

Please mark the envelope **PRIVATE AND CONFIDENTIAL** and send your completed form to:

Sharon Kaur
Aspects Care Ltd
32 Pershore Road South
Cotteridge , Birmingham B30 3EJ

Dated April 2008