**Annex A (Complaints Policy)**

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| **Complaints Form** | |
| **This complaint will be acknowledged within 14 days of receipt.**  Please return form to:  The Manager  Somerset SENDIAS The Holway Centre Byron Road  Taunton Somerset  TA1 2JD | |
| **Name:** | **Date:** |
| **Address:** | **Contact number(s)**  **Home:**  **Mobile:** |
| **Email:** | |
| **Preferred contact method: Telephone/Email/Letter (please circle)** | |
| **Please state who you have already spoken to about the issue and outcome:** | |
| **My complaint is: (In your own words please summarise the issues which are of a concern. Please use another paper if you need to. It would be helpful if you give dates, times and who was involved).** | |
| **(Please describe what you would like to happen as a result of raising this concern)** | |