



## Compliments or Complaints Form

Date .....

Place .....

OPAL activity (outing, exercise class etc.) or Office Service

Person in charge at the time: Names of  
person(s) involved:

Nature of your compliment / complaint

If a complaint, what problems did this cause?

Did anybody else see what occurred or make any comments?

What action needs to be taken?

Signed

Name:

Contact details: