We want to provide good quality services. Your feedback helps us to improve our services.

Complaints about both Health and Social Care

If you tell us about a complaint that is about both the social care and health services you receive we will aim to use one agreed approach to dealing with the complaint. We will also give you one point of contact to make it easier for you to talk to us about your complaint.

Safeguarding adults from abuse

For information, enquiries and advice telephone 0300 300 8122

Other action you can take

If you are not happy with how your complaint is handled you can contact the Local Government Ombudsman. You can do this at any time. The Ombudsman usually expects the council to have had the opportunity to look into your complaint first.

Contact details of the Local Government Ombudsman

PO Box 4771, Coventry, CV4 03H
Phone: 0300 061 0614
Text: ‘call back’ to 0762 480 4299
Fax: 024 7682 0001
email: advice@lgo.org.uk

Data Protection Act 1998

Please note that the personal details supplied on this form will be held on a file and/or computerised by Central Bedfordshire Council for the purposes of assessing your compliments, comments and complaints. Your personal details may be shared internally within the Council for this purpose, but will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.
Central Bedfordshire Council welcomes feedback from our customers. We aim to use the feedback you give us to improve our services. You can use this leaflet to tell us about your comments, compliments or complaints.

**Comments**
You may wish to share a suggestion or idea about how we can improve our services.

**Compliments**
You may wish to tell us about a service that has been good or a member of staff who has been helpful.

**Complaints**
You may want to complain if the standard of service falls short of what you would expect, or if a member of staff does not do what they said they would.

From April 1st 2009 local authorities and health organisations are expected to have a complaints procedure, which works with you the customer, to offer a more personal approach to dealing with your complaints.

**Independent advice and advocacy**
An advocate is someone who does not work for the council who can help you make a complaint and make sure your views are heard. We can tell you where advocacy services are available.

You can also seek independent advice from the Citizen’s Advice Bureau, your local Councillor or MP.

**Representation**
You have the right for someone to make a complaint on your behalf. We will ask you to give consent for them to do this.

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**How to contact us and give your feedback:**

- Speak to or write to the manager of the service
- Complete the freepost form attached to this leaflet
- Write to us at the address on this leaflet
- Telephone Customer Relations on 0300 300 6077 or 0300 300 4995
- Email: customer.relations@centralbedfordshire.gov.uk and mark it ‘complaint’, ‘compliment’ or ‘comment’

If you want more information or would like to discuss your concerns contact a member of our Customer Relations team on the number above

**What service are you giving feedback about?**

**What is your feedback?**
Attach a separate sheet if necessary.

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If your complaint relates to a partner of the Council, are you happy for us to share your details with them?

☐ Yes  ☐ No

**How can you help us treat everyone fairly** *(optional)*. By answering the following questions you will help us make sure that we give a fair service to all of our customers.

- Are you?
  - Male  ☐ Female

- Do you have a long-standing illness, disability or infirmity? *(Long-standing means anything that has troubled you over a period of time)*
  - Yes  ☐ No

- If so, please tell us which of these apply
  - Physical  ☐ Learning  ☐ Sensory  ☐ Multiple

- To which ethnic group do you consider that you belong?
  - White  ☐ Black or Black British  ☐ Asian or Asian British  ☐ Mixed  ☐ Chinese  ☐ Other ethnic group *(please specify)*

- To which age group do you belong?
  - under 18  ☐ 18-29  ☐ 30-44  ☐ 45-59  ☐ 60-74  ☐ 75+

- What would you like to see happen?

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Signed ____________________________

Date ____________________________