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| **Comments, Compliments and Complaints – Peer Support Plus©** | |
| **Your name** R | **Date today** R |
| **This is a** R **✓** 🞎 Comment 🞎 Compliment 🞎 Complaint | |
| **Are you acting on your own behalf?** R  **✓** 🞎 Yes 🞎 No  **If No, in what capacity?**  **✓** 🞎 Friend 🞎 Advocate 🞎 Other | **If No, on whose behalf?** R  **(**Name)  **✓** 🞎 They prefer not to be named |
| **Your Role re Peer Support Plus** R | **Their Role re Peer Support Plus** |
| **What was noticed?** R  **✓** 🞎 Continued on separate sheet | |
| **When and where was it noticed?** R  (Time, Date, Location) | **Others involved and/or present?** R  (Names, Roles) |
| **What should we do, and why, and when?** R  **✓** 🞎 Continued on separate sheet | |

Once completed, please send this form directly to our Community Trustee2.