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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.