

DNWAP Client Complaints Form

We want to make it easy for you to complain.

If you would like help in filling out this form please ask at reception or any member of

staff. Simply complete this form and send it to: DNWAP Complaints
Rosehill House,
Finglas Road,
Dublin 11

Or drop the form into reception in any one of our offices.

Personal Details			
Name:			
Address:			
Telephone (Home):		Mobile:	
E-mail:			
How would you like us to contact you? Please tick (✓)	Phone: <input type="checkbox"/>	Letter: <input type="checkbox"/>	E-mail: <input type="checkbox"/>
Are you the person affected by the complaint?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If no, are you:	Parent: <input type="checkbox"/> Friend: <input type="checkbox"/> Other: <input type="checkbox"/>		
If you selected Other please specify: Example: Brother, sister, guardian.			

If you are acting on someone's behalf, please provide his or her details:			
Name:			
Address:			
Telephone (Home):		Mobile:	
E-mail:			

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http://tapsp/training/dnwap/Forms/Forms/AllItems.aspx	Policy and Form	January 2006	Senior Staff 26/02/19	Jan 2021

Have you raised your complaint with us before?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, tell us who you spoke to, what you were told. Attach any documentation you have from you previous contact. Use a separate sheet if needed		
For NEW complaints, tell us WHAT happened? WHO was involved? WHEN and WHERE did it happen? Make sure you state the problem clearly. Attach a separate sheet if needed		
What would you like to see happen as a result of your complaint? Attach a separate sheet if needed		

What to Expect	
<p>We take complaints seriously. We will contact you within seven working days of receiving this complaint, meet with you and discuss your complaint. Your information will be treated confidentially. Thank you for bringing this matter to our attention.</p>	
Signed:	Date:

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For Agency Use Only			
Date:		Complaint Opened by:	
Position:			
Summary of any advice provided to complainant on initial contact:			
Nature of Complaint			
Finglas Office:		Cabra Office:	
Please Tick As Appropriate (✓)			
Careers Information Service			
Community Development			
CORT			
Counselling			
Education			
Enterprise Development			
Funding Decision			
Guidance/Mediation			
Jobs Club			
Reception			
Tús			
Other (please specify)			

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