

[illegible]

Acknowledgement Sent (date): .....

### Notes of Action Taken

[illegible]

SC037783

**Market House, 14 Market Street, Lerwick, Shetland, ZE1 0JP**  
**tel: 01595 743933 e:sbss@shetland.org w:www.shetland-communities.org.uk/sbss**

# COMPLAINTS FORM

## Confidential

If you wish to make a formal complaint about Shetland Bereavement Support Service (SBSS), please fill in this form. Ensure you have read and understood the Complaints Policy before completing this form (copies available online or upon request).

**I WISH TO COMPLAIN ABOUT:**

A SBSS Worker ☐

The SBSS Organisation

Name of Person: .....

Position in Organisation (if known): .....

Date(s) of Incident: .....

.....

.....

**MY COMPLAINT IS:** - (Please try to lay out clearly what you are complaining about and why. If possible you should also indicate the redress you are seeking. Please identify the part(s) of the COSCA Statement of Ethics and Code of Practice which have been breached - copies available online or by request.)

**Cont : -**

*(Continue on a separate sheet, if you wish)*

Signed: .....

PRINT NAME: .....

Address: .....

.....

.....Postcode.....

Tel. No: .....

Email: .....

Date: .....

**Please return this form to :  
Chairman, SBSS, Market House, 14 Market Street, Lerwick, ZE1 0JP  
marked 'Private and Confidential'**