

Details of Concern: (continued)

Put in here a summary of your concern. You should say what your concern is; whom is involved; why you are concerned; when did the concern arise; if there are other people who can verify your concern. Continue on a separate page if you wish.

Signature:		Date:	
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Please send this form to the Partnership Director, unless s/he is the subject of complaint, when it should be sent to the Partnership Secretary at Comhairle nan Eilean Siar.

You will be contacted by a senior member of staff, who will confirm the process to be followed and agree how you are to be contacted in future. Whilst we shall try to keep your name as confidential as possible, please be aware that it may well be necessary to reveal it as part of the investigatory process.

Signature of Recipient of Concern:		Date:	
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Summary of Immediate Action Taken By Recipient: