

Children and Young People

Community Homes

BEECHWOOD

Complaints Referral Forms

Box: 0029/0016

Irrelevant

DPA

1

COMPLAINTS REFERRAL FORM (COMP 1)

(Guidance notes overleaf)



Nottinghamshire County Council
Social Services

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND IN BLACK INK

PROBLEM SOLVING STAGE : 10 DAYS

Name of District: NOTTINGHAMSHIRE

Date of Complaint: 14/9/95

Name of Unit: BEECHWOOD

Member of staff completing form:

PERSON RAISING THE COMPLAINT

Surname: Name Redacted

Forename(s): Name Redacted

Address: DPA

Postcode: /

Tel No: DPA

Relationship to Person on whose behalf complaint made: (see codes)

The purpose of these questions is to assist in the development of services.

DOB: DPA 80

Ethnic origin: DPA

Gender: Male / Female

Disability: YES / NO

Registered: YES / NO

IS COMPLAINT BEING MADE ON BEHALF OF SELF/OTHER/BOTH
(Please give details of other person below)

Surname:

Forenames(s):

Address:

Postcode:

Tel No:

Does this person wish the complaint to proceed? YES / NO

DOB:

Ethnic Origin: (see codes)

Gender: Male / Female

Disability: YES / NO

Registered: YES / NO

DETAILS OF COMPLAINT:

ONE OF THE MEMBERS OF STAFF YESTERDAY GOT A HOLD OF MY FACE WITH HIS HAND, AND THEN DRAGGED ME INTO THE OFFICE BECAUSE I ~~WAS~~ WOULD NOT DRY THE POTS.

ACTION REQUESTED BY COMPLAINANT: JUST SOME ~~ONE~~ THING DONE ABOUT IT
~~JUST SOME DONE~~ This not to happen again pls.

Complainant's Signature:

DPA

Date: 15/9/95

IS THIS THE FIRST TIME THIS COMPLAINT HAS BEEN RAISED? YES / ~~NO~~

Date previously raised: 14/9/95

Person with whom raised:

Place raised: BEECHWOOD

OTHER PEOPLE INVOLVED IN THE COMPLAINT:

Advocate:

Support Person:

Contact point:

Contact point:

REQUIREMENTS TO FACILITATE COMPLAINT: (see codes)

Were you able to resolve the Complaint? YES / NO If YES: (see codes)

Date of resolution

If not resolved in 10 days, reason for extension: (see codes)

If YES - original to file, copy to Co-ordinating Officer

If NO - complete Comp 2, send to Designated Officer, copies to Co-ordinating Officer and SSU.

Irrelevant

DPA

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COMPLAINTS REFERRAL FORM (COMP 1)

(Guidance notes overleaf)



Nottinghamshire County Council
Social Services

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND IN BLACK INK

PROBLEM SOLVING STAGE : 10 DAYS

Name of District: **Broxtowe** Date of Complaint: **15th Sept. 95**
Name of Unit: **Beechwood House** Member of staff completing form: **ALISON BENTLEY NCH.**

PERSON RAISING THE COMPLAINT

Surname: **NO-A77** Forename(s) **NO-A77**
Address: **Beechwood House Woodborough Rd.**
Postcode: Tel No:
Relationship to Person on whose behalf complaint made: (see codes)

The purpose of these questions is to assist in the development of services.

DOB: **DPA** **79**
Ethnic origin: **09**, (see codes)
Gender: Male / ~~Female~~
Disability: ~~YES~~ / NO
Registered: ~~YES~~ / NO

IS COMPLAINT BEING MADE ON BEHALF OF SELF/OTHER/BOTH
(Please give details of other person below)

Surname: Forenames(s):
Address:
Postcode: Tel No:
Does this person wish the complaint to proceed? **YES / NO**

DOB:
Ethnic Origin: (see codes)
Gender: Male / Female
Disability: YES / NO
Registered: YES / NO

DETAILS OF COMPLAINT:

Physical assault by a member of Beechwood House Staff.
NO-F1
Senior Position

ACTION REQUESTED BY COMPLAINANT:

NO-A77 wants to make a complaint so it does not happen again

Complainant's Signature: **DPA** Date: **15/9/95**

IS THIS THE FIRST TIME THIS COMPLAINT HAS BEEN RAISED? YES /

Date previously raised: Person with whom raised: **ALISON BENTLEY NCH.**
Place raised: **Beechwood House 15/9/95**

OTHER PEOPLE INVOLVED IN THE COMPLAINT:

Advocate: Support Person: **ALISON BENTLEY**
Contact point: **NCH ACTION FOR CHILDREN**

REQUIREMENTS TO FACILITATE COMPLAINT: (see codes)

Were you able to resolve the Complaint? **YES** / NO If YES: (see codes)
Date of resolution

If not resolved in 10 days, reason for extension: (see codes)

If YES — original to file, copy to Co-ordinating Officer
If NO — complete Comp 2, send to Designated Officer, copies to Co-ordinating Officer and SSU.