

# DFI Formal Complaint Form

This form may be used to make a formal complaint about services provided by the Disability Federation of Ireland. A complaint may also be submitted in person, with an assistant, by phone, e-mail or by someone acting on your behalf.

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If you need information in a different format (*eg* Braille, large print *etc*)

or if you have other specific needs, please let us know.

Full contact details are listed at the bottom of this form.

This form should be read in conjunction with DFI Complaints Policy available from the DFI office.

**First, please give us your details:**

|  |  |  |
| --- | --- | --- |
| Surname |       | title       |
| First name(s) |       |
| Address for writing to you |       |
| Daytime phone  |       |
| Home phone |       |
| Mobile  |       |
| Email  |       |

**If you are making this complaint on behalf of a business, charity or trust please fill in these details:**

|  |  |
| --- | --- |
| Organisation Name |       |
| Address  |       |
| Phone |       |
| Email |       |

**Please tell us what your complaint is about:**

|  |
| --- |
|  |
|

|  |  |  |
| --- | --- | --- |
| day | month | year |
| * When did the alleged incident take place?
 |       |       |       |
|  |  |  |
| * Where did it take place?
 |       |   |   |
|  |  |  |  |
| * Who was involved?
 |  |  |   |
| * Was any effort made to resolve this informally?  **YES**
* If
 | Yes |  | No |
|  |  |  |  |
| * If yes, please set out details:
 |  |  |  |

 |
| **Any other details that you think will help us understand your complaint?**  |

**Please sign below. If you are signing on behalf of an organisation, please include your job title.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Job Title

**Please send completed form to:**

By Email: allendunne@disability-federation.ie and cc. info@disability-federation.ie

By Post: Allen Dunne, Complaints Officer, Disability Federation of Ireland, Fumbally Court, Fumbally Lane, Dublin 8, D08 TXY8