 DFI COMPLAINTS FORM

This form may be used to make a complaint about services provided by the Disability Federation of Ireland. Complaints 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 Procedure 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 |  |

|  |
| --- |
|  |
| |  |  |  |  | | --- | --- | --- | --- | | 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 |  | **NO** | |  | |  |  |  | |  | | * If yes, please set out details: |  |  | |  | |  | | | | | |  | | | | | |  | | | | | |
| Any other details that you think will help us understand your complaint |

# Please tell us what your complaint is about

### Sign here **If you’re signing on behalf of an organisation, please give your job title.**

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

Signature Date Job Title

**Please send to…**

Complaints Officer

Disability Federation of Ireland

Fumbally Court, Fumbally Lane, Dublin 8.

**Tel :** 01 4547978 **Fax :** 01 4547981 **Email :** [info@disability-federation.ie](mailto:info@disability-federation.ie)