



4AL Suggestion and Complaint Form

Your Surname: _____

Your Forename(s) _____

Title: Mr/Mrs/Miss/Ms/if other please state

Address _____

Your email address _____

Daytime phone number _____

Mobile number _____

Please state by which of the above methods you would like us to contact you

Your requirements _____

If our usual way of dealing with complaints makes it difficult for you to use our services, please tell us so that we can discuss how we might help you.

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B: Making a complaint on behalf of someone else:

Their details _____

Their name in full _____

Their address _____

What is your relationship with them? _____

Why are you making a complaint on their behalf?

C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

What do you think we did wrong or failed to do?



Describe how you personally or the person you are representing suffered or has been affected

What do you think should be done to put things right?

Have you already put your concern to the 4AL volunteer members responsible for delivering the service?

If so, please give brief details of how and when you did so.

Signature: _____

Date: _____

When you have completed this form, please send it to:



4AL Secretary:

info.4alouth@gmail.com

4alouth.2024@gmail.com

<http://www.4al.ie>