##### Appendix 1 - Cwm Taf Morgannwg Safeguarding Board Complaint Form

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| --- | --- |
| **Name of person involved:** |  |
| **Address:** |  |
| **Date of meeting (if applicable):** |  |
| **Chair of meeting (if applicable):** |  |
|  |  |
| **Name of person making the complaint:** |  |
| **Relationship to the person above:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |
| **Please provide details of your complaint below (continue on a separate sheet if required):** |
|  |
| **Signed:**  | **Date:**  |

Please return to:

Cwm Taf Morgannwg Safeguarding Board Business Manager

Business Unit

Ty Catrin, Unit 1, Maritime Industrial Estate

Maesycoed

Pontypridd, CF37 1NY