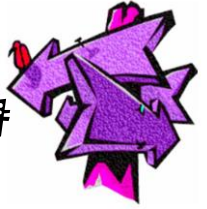


STEP 2 Young People's Health Project



COMPLAINTS FORM

YOU MAY USE THIS FORM TO REGISTER A CONCERN OR COMPLAINT ABOUT ANY OF THE SERVICES RUN BY STEP 2.

Name: _____

Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Complaint: _____

PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER IF NECESSARY.

What would you like to happen as a result of making this complaint? _____

Is there a time when it is not convenient for you to have an appointment? _____

Signature: _____ Date: _____

Signature of Step 2 personnel: _____