



seirbhís tacaíochta cinnteoireachta

decision support service

COMPLAINT FORM

Please use this form to make a complaint about an **appointed decision supporter** or **decision support arrangement**.

Our Complaints Procedures are available on our website www.decisionsupportservice.ie and should be read before completing this form.

Please note that the text boxes in this form are expandable. If you are printing this form to complete by hand, you can use additional paper as required. Please use BLOCK CAPITALS.

If you have any questions about filling out this form or need assistance in making a complaint, please call us on 01 2119750 or email us at complaints@decisionsupportservice.ie.

SECTION 1: YOUR DETAILS (THE PERSON SUBMITTING THE COMPLAINT)

Title: (e.g., Mr/Mrs/Ms/Mx)	
First name:	
Surname:	
Address: (If you are making this complaint in a professional capacity please provide the organisation's name and address here.)	
Eircode (if known):	
Telephone:	
Email address:	
What is the best way to contact you?	Phone Email Post



Are you the relevant person (the person who has a decision support arrangement)? If yes, please go straight to Section 3.	Yes No
Is the relevant person aware that you are making this complaint?	Yes No
If no, please tell us why not:	

SECTION 2: RELEVANT PERSON'S DETAILS (THE PERSON WHO HAS A DECISION SUPPORT ARRANGEMENT)

If you have completed Section 1 as the relevant person, please go straight to Section 3.

Title (e.g., Mr/Mrs/Ms/Mx):	
First name:	
Surname:	
Address:	
Eircode (if known):	
Telephone (if known):	
Email address (if known):	

SECTION 3: DETAILS OF THE DECISION SUPPORTER

If the relevant person has **more than** one decision supporter, please provide details here of the decision supporter **most** relevant to the complaint, if known.

You can include the names of other decision supporters in Section 4 if they are relevant to the complaint.

Title (e.g., Mr/Mrs/Ms/Mx):	
First name:	
Surname:	
Address:	
Eircode (if known):	
Telephone (if known):	
Email address (if known):	
Please tick the relevant decision supporter role:	Decision-Making Assistant (DMA) Co-Decision-Maker (CDM) Decision-Making Representative (DMR) Attorney appointed under the Assisted Decision Making (Capacity) Act 2015 Attorney appointed under the Powers of Attorney Act 1996 Designated Healthcare Representative (DHR)
Is this decision supporter aware that you are making a complaint?	Yes No

SECTION 4: DETAILS OF THE COMPLAINT

The information you provide here will be shared with the person (or people) you are complaining about, the relevant person and appointed decision supporters.

If you are concerned about an immediate risk to an adult, please contact An Garda Síochána and your local HSE Safeguarding Team.

Please provide details of your complaint here. Be as specific as you can and include any steps you have taken to try to resolve the matter.

Please indicate if you are including copies of any documents to support your complaint.

Yes

No



SECTION 5: DETAILS OF PEOPLE WHO CAN PROVIDE RELEVANT INFORMATION AND WHO MAY BE CALLED AS A WITNESS (E.G., THE RELEVANT PERSON'S GP, CARER, ACCOUNTANT, NEIGHBOUR)

DETAILS

Title (e.g., Mr/Mrs/Ms/Mx):		
First name:		
Surname:		
Address:		
Eircode (if known):		
Telephone (if known):		
Email address (if known):		
Does this person know you are providing their details in relation to the complaint?	Yes	No
What is this person's relationship to the relevant person?		
What information can this person provide?		

SECTION 6: SIGNATURE

To the best of my knowledge, the information that I have provided is true and accurate.

Signature:

Date:

If you are sending this form by post, please send it, and any additional information to:

Complaints and Investigations Team
Decision Support Service
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4.

Alternatively, you can email your completed form, and any additional information to:

complaints@decisionsupportservice.ie