



**Real Therapy Solutions Complaint Form**

**PERSONAL DETAILS:**

Name:
Contact Number:
Email:

We would like to contact you to help fix the problem. What are your preferred contact details?  Phone  Email

**CLIENT DETAILS:**

Name:
Age:

Would you like a specific person to manage your complaint?

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Have you contacted anyone previously about your complaint?

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**COMPLAINT DETAILS:**

Date:
Therapist/Person involved:
Relevant details:

**Manager - Outcome:**

**FOLLOW UP:**

Clients response to the resolution:

Client suggestions for improving the complaints process: