

# Compliment Form



New  
Horizons  
Care

## TO BE COMPLETED BY PERSON RECEIVING AND RECORDING THE COMPLIMENT

### COMPLIMENT RECEIVED:

Date		Time	
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### DETAILS OF PERSON MAKING COMPLIMENT:

Name		Position	
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### WHAT IS COMPLIMENT ABOUT: *tick ALL relevant boxes*

NHC	<input type="checkbox"/>	Head office staff	<input type="checkbox"/>	General support	<input type="checkbox"/>
Specific Support worker	<input type="checkbox"/>	Case manager	<input type="checkbox"/>	Other	<input type="checkbox"/>

### HOW WAS COMPLIMENT MADE?

Face to face	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter	<input type="checkbox"/>	Other	<input type="checkbox"/>
Phone call	<input type="checkbox"/>	Text	<input type="checkbox"/>	By a third party	<input type="checkbox"/>		

**Details of compliment** *please include dates / times / name of worker etc*

Signature		Print		Date	
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# Compliment Form



**TO BE COMPLETED BY PERSON RESPONDING TO THE COMPLIMENT**

**WHO HAS BEEN INFORMED ABOUT THE COMPLIMENT** *tick ALL relevant boxes*

Client	<input type="checkbox"/>	Case manager	<input type="checkbox"/>	Directors	<input type="checkbox"/>	Other	<input type="checkbox"/>
Client's family	<input type="checkbox"/>	Registered Manager	<input type="checkbox"/>	Commissioners	<input type="checkbox"/>		
Support worker	<input type="checkbox"/>	HR Manager	<input type="checkbox"/>	Independent Case Manager	<input type="checkbox"/>		

**Action to be taken::**

**TO BE COMPLETED BY REGISTERED MANAGER**

Reviewed by RM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compliment logged on Spreadsheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any further action		

Signature		Print		Date	
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