

## Complaint/Concern Referral Form



Please complete as much of the following as you can, preferably using BLOCK letters. All information provided is confidential and is not disclosed unless required to do so by law.

### 1. Details about yourself

Name:

Address:

Town:

Post code:

Day time telephone No. (including uk area code)

E-mail Address:

Relationship to Adult:

### 2a. Details of the adult

Name:

Date of Birth: (if known)

National Insurance No. (if known)

Usual Address:

Town:

Post Code:

Day time telephone No. (including uk area code)

Is this the adult's current address? (if No, please complete Section 2b)	Yes	No
Does the adult own this property?	Yes	No
Does the adult own any other properties? (if yes, please provide details on a separate A4 Sheet)	Yes	No

## 2b. Additional information about the adult

The adult's current address if different from address in section 2a  
(e.g. Care home/hospital or other place of residence)

Name of residence:

Address:

Town:

Post Code:

Telephone No. (including uk area code)

E-mail Address:

Who looks after the adult in this place? (E.g. Manager/Matron/Consultant)

Name:

Job title:

## 3. Details of the person causing concern

Name:

Address:

Town:

Post Code:

Telephone No:

E-mail Address:

Relationship to Adult:

## 4. Details of the adult's doctor(s)

Name of Doctor:

Address:

Town:

Post Code:

Name of Doctor:

Address:

Town:

Post Code:

Does the adult have a named social worker  
If the answer is yes, please confirm their:

Yes

No

Name:

Contact address or  
telephone number:  
(if known)

In your opinion is the adult able to manage their own affairs?

Yes

No

If the answer is no, why do you think this is the case?

(Please detail below. It would be helpful if you could, to the best of your knowledge, indicate when the adult first started to become incapable of looking after their own affairs. It is likely that the adult's GP will be contacted to confirm this information)

(Please continue on a separate A4 Sheet if required)

## 5. What is the complaint or concern you have?

Please give a brief description of why you believe the adult's property or financial affairs are or might be at risk. Investigating officers will more than likely contact you to clarify your concern, but it would be helpful if you could provide as much factual information and relevant evidence as you have at this stage.

(Please continue on a separate A4 Sheet if required)

On completion please forward this form to the Investigation Team at:

Office of the Public Guardian (Scotland)  
Hadrian House  
Callendar Business Park  
Callendar Road  
FALKIRK, FK1 1XR

- Telephone: 01324 678300
- Email: [opginvestigationteam@scotcourts.gov.uk](mailto:opginvestigationteam@scotcourts.gov.uk)
- Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

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