



Safehouses North
professional fostering service

LOCAL AUTHORITY/PARENTS COMPLIMENTS FORM

Safehouses North welcomes comments and compliments about our staff and the service we provide.

Please complete the form below and return it to us if you wish to pass on your observations on any aspect of our service.

Name: _____

Address: _____

Status: *i.e. Local Authority Social Worker, Parent* _____

My comments are:

Signature: _____

Date: _____