# A picture containing shape  Description automatically generated

# **Complaints Record Form**

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| --- | --- |
| Complaint received by (staff name): |  |
| Date: |  |
| Name of complainant: |  |
| Address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |

|  |  |
| --- | --- |
| Complaint made on behalf of someone else | Yes No |
| If so, who? |  |

## Details of the complaint or appeal

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| --- | --- |
| Original documentation attached: | Yes No |
| Date complainant sent written advice of receipt of complaint |  |

## Action to be taken

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| --- | --- | --- |
| Date | Action | Responsibility |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Date complainant contacted about action resulting from complaint: |  |

## Outcome

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## Follow-up

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## Other comments

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