

COMPLAINT FORM - REFERENCE NUMBER: 00000

This form must be completed for all complaints. It can be completed by the Complainant, or may be completed by the person receiving the complaint.

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|  PART 1 Complainant details Name Address |
|  Email |
| phone number |

The complaint will be acknowledged within 2 working days of receipt and a copy of this form will be included.

PART 2 - Details of complaint

|  |  |
| --- | --- |
| Date submitted | 1. Form completed by Complainant-YES/NO
2. Complaint made face to face to staff- YES/NO
3. volunteer or trustee Complaint made by phone to face to staff YES/NO
4. Volunteer or trustee Complaint sent by email YES/NO
5. Complaint sent in writing YES/NO
 |
|  Method of complaint |  |

Details of the complaint

|  |
| --- |
| Please remember - Who, When, Where :  |

 PART 3 Follow up actions

|  |  |  |
| --- | --- | --- |
|  Date received | Person handling the complaint |  Date complainant informed of resolution Actions taken |
|  Date acknowledges  |  Date resolved |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_