

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_