

COMPLAINT RECORD

Full Name	Date of Complaint
Current Address	Staff that the complaint is made against:
Date of Birth	Complaint Made: (verbally/phone/email/letter)
Contact Telephone Number(s)	E-Mail Address (optional)

What is your Complaint relating to?

Further Details about the nature of the Complaint?

What outcome would you like to resolve this complaint?

Any further suggestions for action that you would like us to take at Staff Meetings/Appraisals?

Signed _____ **Date:** _____

Print Name: _____

We aim to investigate your complaint within 10 working days, as thoroughly as possible, and sincerely appreciate your feedback. We apologise for any inconvenience or trouble that this may have caused you and we take feedback very seriously.

For Office Use Only:-

Complaint Form Collected By: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

Expected Timeframe to Provide Response: _____

Further Notes:-