



Complaint Form
(To be filled out by complainant or staff person)

Name of Complainant: _____ Date of Complaint: _____

Contact Number: _____ Email Address: _____

Address: _____

- | | | |
|--------------------|------------------|--|
| Complaint is from? | Service User | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Employee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Volunteer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Member of Public | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Details of the complaint: (please provide all relevant details outlining the nature of the complaint, including names of persons involved, where known, dated and all details. If necessary, you may attach any relevant documents or use addition pages.

Signature of Complainant: _____

Name of Person Taking the Complaint: _____



A Copy of this Complaint Form was:

Explained Mailed Given to the complainant

A Copy of the Complaint Procedure was:

Explained Mailed Given to the Complainant

Date: _____

Signature: _____

Action Taken:

A Response to the Complaint was: Explained Mailed Given to the complainant

Complaint Form and Response received by Executive Director: _____
Date Received

Complaint and Response reported to the Board: Yes No

If no why not: _____

Included in Statistical Report to Board: _____
Date