



COMPLAINTS FORM

Date	
Complainant name	
Complainant address	
Complainant phone number	
Nature of complaint	
Service or program the complaint relates to	
OFFICE USE ONLY	
STAFF MEMBER WHO RECEIVED THE COMPLAINT	STAFF MEMBER WHO THE COMPLAINT WAS REPORTED TO
Name: Position title: Contact phone: Date of complaint:	Name: Position title: Contact phone: Date:
DATE INITIAL RESPONSE TO THE COMPLAINT IS DUE (as per the organisation's policy)	DATE COMPLAINT IS TO BE RESOLVED BY (as per the organisation's policy)
STAFF MEMBER REQUIRED TO MANAGE THE COMPLAINT	
Name: Position title:	
CONTINUAL IMPROVEMENT (CI)	
Following the resolution of the complaint, is there any action (corrective or preventive) you feel the organisation needs to take in order to avoid or prevent this type of complaint occurring again in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state what continual improvement could be made by the organisation in response to the underlying cause of this complaint	
Date continual improvement noted on CI Register	
Name of meeting the recommendation for continual improvement is to be referred to for consideration	