

**Complaints Record Form**

To be completed by the person receiving the complaint and the sub-committee reviewing the complaint.

Date of complaint.....

Complaint was received by:.....

Complaint was made by:

Name:.....

Contact number(s): .....

Client (past or current): yes/no

Complaint made via:

Telephone

Letter/email (attached)

In person

Other

If other, please give details:.....

Subject of complaint:

.....

Date of event:

.....

Details of complaint:

.....

.....

.....

.....

What actions were undertaken to solve the problem:

.....  
.....  
.....  
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Sub- committee comment:

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.....  
.....

Action to be taken:

.....  
.....  
.....  
.....

Outcome:

.....  
.....  
.....

Client advised of outcome: Yes/No  
(please attach copy of letter)

Signed:.....

Date: .....