**Complaints Form**

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| Date of Report:  |
| Staff(s)/Person(s)/ Members(s) Affected: |
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| Does the person know you are making this complaint? [ ] YES [ ]  NO |
| *Fill in the details of the person who is making the complaint (Please skip this section if you would like to make an anonymous complaint)* |
| *Name of person* |
| Address |
| Phone |
| Email |
| My preferred contact method is: |
| *Complaint* |
| Please include all relevant details (i.e. what happened, where it happened, who was involved) |
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| *What outcomes are you seeking as a result of the complaint?* |
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| **Supporting Information***Please attach copies of any documentation that may help us to investigate your complaint (for example letters, references, emails).* |
|  |

**To be completed by Complaints Committee**

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| *Actions Taken:* |
| *Complaint recorded in continuous improvement document? YES / NO* |
| *Signature:* | *Date:* |