



Complaints Form

Type of Issue you wish to Address	<input type="checkbox"/> Complaint	
Date		
Name		
Address		
Phone Number		
Nature of Complaint/Compliment/Suggestion		
Service or Program Involved		
STAFF MEMBER WHO RECEIVED THE COMPLAINT		STAFF MEMBER WHO THE COMPLAINT WAS REPORTED TO
Name:		Name:
Position title:		Position title:
Contact phone:		Contact phone:
Date of complaint:		Date:
OFFICE USE ONLY		
COMPLAINT		
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		