

## Complaints Form

Name Of Person Lodging the Complaint			
Address:			
Phone:		Date of Complaint	/ /

Description Of Complaint:			
Solution Requested:			

Date of complaint		Name of staff member who received the complaint	
Complaint referred to		Date of Discussion with Client	

Action Taken			
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Was client referred to another party If a solution was not reached? If Yes give details			
Date Client Was Informed Of The Outcome		Staff Member	
Signature of staff member		Date	/ /