



Complaints Form

Complainant Details

Name: _____

Address: _____

Telephone No.: _____ Membership No.: _____

Best time to contact _____

Received by: _____ at: _____ (date) _____ (time)

Complaint occurred at: _____ (date) _____ (time)

Details of Complaint:

For Office Use:
For Office Use Only

Type of Complaint:

Complaint dealt with by:

Action taken:

Copy of Internal Complaints Procedure Sent: Date: _____

Resolved Within 24 Hours: Yes No Record Number _____

Reply or Acknowledgement Sent Date: _____

Next Action Date: _____

Full Reply in 4 Weeks: Yes No

Forwarded to Complaints Officer: Date: _____

Final Response Sent: Date: _____