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## **COMPLAINTS FORM**

| Date                                     |                             |
|--|-----------------------------|
| Name                                     |                             |
| Name of person(s) involved               |                             |
| Nature of Complaint:                     |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
| Name of person complaint was reported to |                             |
| Name of person complaint was reported to | (Full Name and Title)Date:/ |
| Resolution to complaint (Action taken)   | Date:/                      |
| Resolution to complaint (Action taken)   |                             |
| Resolution to complaint (Action taken)   | Date:/                      |
| Resolution to complaint (Action taken)   | Date:/                      |
| Resolution to complaint (Action taken)   | Date:/                      |
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| Resolution to complaint (Action taken)   | Date:/                      |
| Resolution to complaint (Action taken)   | Date:/                      |
| Resolution to complaint (Action taken)   | Date:/                      |

| Signature (person making complaint)          |
|--|
| Signature of (person handling complaint)     |
| Date   |
|  |
| TO BE COMPLETED BY PERSON HANDLING COMPLAINT |
| Complaint made by:                           |
| Staff  |
| Service User                                 |
| Child/Young person                           |
| Visitor                                      |
| Significant other (Please state)             |
|  |
| Brief summary of complaint and action taken  |
|  |
|  |
|  |
| Involvement with complaint:                  |
| involvement with complaint.                  |
| G.P/hospital                                 |
| Police                                       |
| Social services                              |
| CSCI   |
| Significant Other (Please state)             |