

Signature (person making complaint).....
Print Name.....

Signature of (person handling complaint).....
Print Name.....

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

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Involvement with complaint:

G.P/hospital

Police

Social services

CSCI

Significant Other (Please state)