



COMPLAINT FORM

COMPLAINANT: _____	SERVICE USER	
	CARER/FAMILY	
	STAFF	
Complaint made to: _____	Date: _____	Time: _____
Next –of-kin / Carer notified: YES/NO	Complaint Reference: _____	
A: DESCRIPTION OF COMPLAINT: 		
B: ACTION TAKEN: Signature _____ (Quality Management Representative) Date: _____		
C: FOLLOW UP REVIEW: 1. Verification of effectiveness of action taken: Signature _____ (Quality Management Representative) Date: _____ 2. Review with complainant/ Next of kin to ensure service user satisfaction: Signature _____ (Quality Management Representative) Date: _____		
D: COMPLAINT SIGN OFF: Signature _____ (Quality Management Representative) Date: _____		