

Service User Complaint Form

Name of person making complaint

Telephone number

Email address

Address

Date

Type of complaint

Name of person recording complaint

Agreed and signed by the complainant

Names of directors informed



Contact details of all others involved

Name	Job title & agency	Phone and email

Complaint details



1st Review statement and actions recommended (within 28 working days)

Date complainant contacted following review

Agreed actions taken

Complainant signature



Complaint Progression

**Decision to refer to board
of directors taken date**

2nd Review statement and actions recommended (within 20 working days)

**Date complainant
contacted following 2nd
review**

Agreed actions taken

Complainant signature

Reviewed: 11/04/2024
Next Review date: 11/04/2025

