



COMPLAINT FORM

FORM 95

Date stamp

Part 1 Complainant Details

Complainant Name

Date of Incident

Address

Email

Fax

Phone

Mobile

Part 2 Nature of Complaint (additional space provided overleaf if required)

Part 3 Signature of Complainant

I hereby declare that the information provided on this form is true and correct.

Signature of Applicant

Date

Name

Part 5 OFFICE USE ONLY Action Taken

Ask complainant what course of action they are looking for:

Proposed resolution:

Ask Complainant if they are satisfied with proposed action:

Provide 'standard' letter of acknowledgement of the complaint:

Copy of Letter Attached
 Yes No

Date Letter Sent

If not dealing with issue personally, name of person referred for follow up referral (ensure complainant has received feedback):

Copy forwarded to Chief Executive Officer for Complaints Register

Yes No

Date

Further comment

