

Compliments / Concerns and/or Complaints Form

NB: Attach copy of correspondence and any relevant notes to this form and file in the Complaints folder when complete. Form Number: _____

Date:	Time:	Name of Staff Member taking details (<i>where applicable</i>):

Name of person submitting comment:

Address for correspondence:

Ph:	Fax:	Email:

Details of the comment:

Investigation notes: (*attach notes if required*)

Outcome / Resolution Decided Upon:

Reasons for Outcome / Response from Complainant to outcome:

Date outcome communicated to person making a complaint:	Note Complainants response to outcome:
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Facility Manager's comments:

Facility Manager's signature: _____ **Date:** _____

Quality Improvement Co-Ordinator signature: _____ **Date:** _____