

COMPLAINTS FORM

(To be completed and handed to the CEO immediately after the complaint is made/received)

Complaint Details:

Name:

Address:

Telephone:

Relationship to Iosis:

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Person of Area to whom complaint is directed:

Name:

Position:

Service/Programme:

Complaint Details

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Date this occurred:Time of Day:Place.....

Witnesses?.....

Any injury resulting?:

What action have you taken so far:.....

.....

What was the outcome of this?

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.....

What would you like to happen next?

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Do you wish to have a support person work through this complaint with you?

Any other comments that you would like to make?

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.....
.....

Date:

Signature:

Date Received: .../.../...Complaint recorded.../.../...

Written reply given: .../.../...

Action taken:

Final Resolution...../.../...

Signature: CEO/.../...