



Complaint Form

Use additional pages as needed

Present At Meeting:

Staff: _____
Participant: _____
Advocate: _____

Initial discussion

Date: _____

Brief: _____

Agreed action: _____

Action taken

Date: _____

Follow-up discussion

Date: _____

Outcome reported: _____

Further action needed: _____

Comments of person making the complaint:

What did you hope to get out of this process?

Are you satisfied with the outcome?

Yes/ No

Additional Comments

Name: _____

Signature: _____ Date: _____

Manager's Name: _____

Manager's comments: _____

Signature: _____ Date: _____