



COMPLAINTS RECORD FORM

DATE OF COMPLAINT: _____

COMPLAINT RECEIVED BY: _____

COMPLAINT MADE VIA: TELEPHONE / LETTER (attached) / IN PERSON / OTHER

SUBJECT OF COMPLAINT: _____

(Further details of complaint attached if needed)

INFORMATION TO BE GIVEN TO COMPLAINANT:

- Reassure complainant that all complaints are treated confidentially
- They will suffer no loss of service because they have made a complaint.
- Explain the complaints procedure.
- Remind the complainant that they have the right to choose an advocate/support person.
- Explain that SAS is happy to get complaints as they can help to improve the service.

NAME OF COMPLAINANT: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPPORT PERSON : _____

ACTION TO BE TAKEN: _____

Signed _____
(Complainant)

Date

(Executive Officer or President)

Date

OUTCOME of INVESTIGATION _____

COMPLAINANTS RESPONSE: _____
