

Recommended action – what would be regarded as a satisfactory action and/or outcome?

Complainant’s signature (if attending in person): _____

Action officer’s name: _____ (Print)

Action taken: _____

Did feedback occur to complainant? _____ **Yes / No**

If ‘Yes’ what form did the feedback take?

If ‘Yes’ did the complainant express satisfaction? _____ **Yes / No**

If ‘No’ what further action will occur? _____

When was the complaint resolved? _____

Has any changes of policy/procedure occurred because of this complaint? Yes / No
If 'Yes' what? _____

Was the time frame adhered to? _____

Comments: _____

Signature: _____

Date: _____

Name: _____

Attachments: (Further details if provided by complainant)