

Complaint Record

Please indicate:

COMPLAINANT:

Service User Family Member Other

CONCERN

COMPLAINT:

Concern / Complaint made to:	Date:	Time:
Next-of-Kin / Carer notified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Reference Number:	
A: DESCRIPTION OF CONCERN / COMPLAINT:		
Signature: _____		Date: _____
<i>(Quality Management Representative)</i>		
B: ACTION TAKEN:		
Signature: _____		Date: _____
<i>(Quality Management Representative)</i>		
C: FOLLOW-UP REVIEW:		
1. Verification of effectiveness of action taken:		
Signature: _____		Date: _____
<i>(Quality Management Representative)</i>		
2. Review with Concern / Complainant / Next-of-Kin to ensure service user satisfaction:		
Signature: _____		Date: _____
<i>(Quality Management Representative)</i>		
D: CONCERN / COMPLAINT SIGN-OFF:		
Signature: _____		Date: _____
<i>(Quality Management Representative)</i>		