



COMPLAINT FORM

Date: _____

Employee: _____ Position: _____

Work Location: _____ Manager: _____

Complainant:

Contact Details:

Advocate required: Yes / No

Advocate's Name:

Complaint made on behalf of:

Relationship:

Method of Contact: In Person By Telephone Written

Date Complaint Received: _____

Details of the Complaint:

Outcome the Complainant is seeking:

Actions for Resolution:

Actions taken:

Preventative measures for future reference:

STAGE 1 COMPLAINT

Complaint resolved on (insert date): _____

Date complaint advised/referred to Manager: _____

Complainant contacted re resolution (insert date): _____

STAGE 2 COMPLAINT

Date referred to CEO: _____

Further comment:

Signature of Reporting Person: _____

Date: _____

Comments for Review:
