



Complaints Form

Name of Complainant: _____

Address: _____

Email: _____

Phone number: _____

Please note that while all complaints are read, those submitted anonymously are difficult to substantiate and resolve without a supplied contact point. As such the decision to investigate an anonymous complaint is at the discretion of the Manager, and based on such factors as the seriousness of the complaint and whether there is sufficient information supplied to conduct a fair and appropriate review.

Describe in detail the nature of your complaint (please include relevant history and specific names and dates, as applicable):

Signature of the Complainant: _____

Date: _____

Would you like to be informed of the outcome of this investigation? Yes No

Staff Use Only

Complaint recorded by: _____

Date: _____

Manager or Supervisor signature: _____

