



COMPLAINT FORM
(for reporting complaints by service users, staff or customers etc)

Name of Complainant.....	ID NUMBER:
Details of complaint:	

Signature..... Date

OFFICE USE ONLY

Name Date Report received:

Timeline for resolution:

Action Taken:

Date Action Completed:

I acknowledge that this complaint has been resolved to my satisfaction.

Signature of person making complaint Date:

Distributed to: OH&S Rep
Manager
Board

Other