

Complaint Form

Note: By completing this form, you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.

You will receive a confirmation receipt within 5 working days.

Date	Click here to enter text.
Name	Click here to enter text.
Contact Numbers	Click here to enter text.
Please detail your concern in full, giving as much detail as possible	
Click here to enter text.	
Signature	

OFFICE USE ONLY

Received by		Complaints Number Issued	
Date		Given to <Position>	
Date written acknowledgement forwarded		By	
Date Issued		Follow up Date (NB: 60-day limit)	
Action Taken (meetings, investigation, interviews and formal hearings). Attach all documentation			
<p>Note any referral to independent party or authority.</p>			
Record of decision and any further recommendations for action (improvement, corrective or preventive actions)			

Specify possible improvement based on complaint

Date of finalisation or external referral

Signature

Date

Entry into file

Date