

Complaints Procedure



FORMAL COMPLAINT

Please complete this form and return to the Quality Assurance Manager.

Name of person complaining:	Date making complaint:
Stage 1: Informal Complaint	
Have you talked through the issue with a member of staff? If "yes", and you are not satisfied with the outcome, then complete this form (if you need support, then please ask a member of staff). If "no", then please talk through the issue with a member of staff first. We would hope to resolve your issue at this point.	
Stage 2: Formal Complaint	
1. What is the reason for the complaint? What is the action or loss of service that has adversely impacted on you?	
2. When did this happen?	
3. Who was involved?	
4. What do you hope the outcome will be?	
Signed:	Date: