

# Complaint Report Form

## Complaint recorded:

Date:

Employee name:

Employee contact details:

Manager on Duty:

Centre Manager:

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### Complaint Details:

*When the complaint occurred; if unknown, when was the complaint first identified.*

Date:

Time:

Location/Place:

Name of persons involved:

Does the person wish to remain anonymous? Y/N

Contact details persons involved:

Witnesses (if any): N/A

Impact and/or harm caused to people involved: nil

Contact details of support person (if relevant): N/A

Witnesses (if any): N/A

Impact and/or harm caused to people involved:

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Reportable to other regulatory bodies: **Y/N**

(if yes provide details and the outcome of any reports made)

**Description of incident**

- What happened:

- Initial response

Actions taken to support persons involved

**Complaint Follow-Up:**

*In this section, outline the actions taken and decisions made relating to the complaint. Outlines the centre's reasoning and a review based on the actions taken regarding the follow-up.*

- Actions taken
- Reasoning
- Review & Outcome

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Manager Name

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Employee Name

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Manager Signature

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Employee Signature