

Complaints Procedure

Formal Complaint

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

Name of person complaining:	Date making the complaint:
Stage 1: Informal Complaint	
<p>1. 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.</p>	
Stage 2: Formal Complaint	
<p>1. What is the reason for the complaint? What is the action or loss of service that has adversely impacted on you?</p>	
<p>2. When did this happen?</p>	
<p>3. Who was involved?</p>	
<p>4. What do you hope the outcome will be?</p>	
Signed:	Date: