Complaints Proforma

**Section 1 – Details of the Complaint**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainant Details** | | | |
| Name: | Click here to enter text. | Telephone: | Click here to enter text. |
| Address: | Click here to enter text. | Email: | Click here to enter text. |
| **Respondent Details** | | | |
| Responsible Officer: | Click here to enter text. | Service/Team | Click here to enter text. |
| **Complaint Details:** | | | |
| Oracle Reference: | Click here to enter text. | Date Received: | Click here to enter a date. |
| Complaint Stage: | Choose an item. | Due date: | Click here to enter a date. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary of the complaint:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **Action taken to resolve the complaint:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **Complaint Outcome:** | | | | | | | | | |
| Upheld |  | | Partly Upheld |  | Not Upheld |  | | Resolved |  |
|  | | | | | | | | | |
| **Explain why the complaint was upheld or partly upheld:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **Response Time** | | | | | | | | | |
| On Time | |  | | Late | | |  | | |
|  | | | | | | | | | |
| **Explain why the complaint was not issued on time:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |

**Section 2 – Preventing recurrence and implementing improvements**

|  |  |
| --- | --- |
| **What actions will be taken to prevent this type of complaint happening again?** | |
| Click here to enter text. | |
|  | |
| Who will carry out the actions necessary to avoid recurrence? | Click here to enter text. |
|  |  |
| What is the timescale for implementing the action? | Click here to enter text. |
|  |  |
| Who has responsibility for overseeing that the action is implemented? | Click here to enter text. |
|  | |
| **Policy/Procedural Changes** | |
| Please detail policy and procedural implications as a result of this complaint. Please indicate if you would like assistance with updating procedures or any aspect of the improvement. | |
| Click here to enter text. | |
|  | |
| Name of the Officer completing this form: | Click here to enter text. |
| Date of form completion: | Click here to enter a date. |