ESCAPADES



Policy Area	Complaints Process			
Policy	S-5 Complaints & Feedback Policy			
Approval Date	01 November 2023			
Review Date	31 October 2026			

CONFIDENTIAL- COMPLAINT DETAILS (F-17)

Date complaint received:

This form can be completed with an over the phone conversation, by e-mail, online form, or in person. This form is to be completed by the Services Coordinator or Director in conjunction with the person making the complaint.

Please see Escapades Complaint & Feedback policy for further information.

Who is making this complaint:	
Address	
Phone number	
Email	
This complaint was made:	in person / in writing / by e-mail / by phone
Person Taking Complaint:	
Complaint Details	
Details:	

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Outcomes
Action to be taken:
Outcome:
Date complainant notified of outcome:
Date:
Complainants Response:

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Complaint Resolved:	Yes	S		No
Further Actions:				
Name of person completing	ng this	form:		
Signature:				
Position:				
Date complaint resolved: .				
Directors Name:				
Signature:			•••	
Date:				