

Name of person making complaint:			
Address of complainant:			
Telephone number:			
Date of complaint:			
Nature of complaint:			
Immediate action:			
Is further investigation required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Result of the investigation:			
Action taken to prevent a re-occurrence:			
Has the complainant been informed of the result of the investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Any further correspondence required with complainant?			
Person investigating complaint.			
Signed		Date	
Customers signature (where possible)			
Signed		Date	