Accessible Diversity Services Initiative Limited

Feedback and Compliant (Standard) (Continuous Improvement) **CI 02**

Date of Complaint:			
Complaint Received By:			
Complaint Made Via:	Telephone	Letter (Attached)	In person
	Other		
Subject of Complaint			
	mplaint should be written on the	e next page. If there is insufficient spa	ace, attached extra sheets.
Name of Complainant: _			
Address:			
Phone:			
Detail of Complaint			
Comments			

Complaints Record (Manager / CEO to Complete)



Action to be Taken		
Outcome		
Follow-Up		
Signed (Manager / CEO)		Date:
Signed (Manager / CEO) Service User's Details (If Diffe		Date:
Service User's Details (If Diffe	rent from the Complainant)	Date:
Service User's Details (If Diffe		Date:
Service User's Details (If Diffe Name of Complainant: Address:	rent from the Complainant)	Date:
Service User's Details (If Diffe	rent from the Complainant)	Date:
Service User's Details (If Diffe Name of Complainant: Address: Phone: Carer/Representative's Detail	rent from the Complainant)	Date:
Service User's Details (If Diffe Name of Complainant: Address: Phone: Carer/Representative's Detai Name of Complainant:	rent from the Complainant)	Date:
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Service User's Details (If Diffe Name of Complainant: Address: Phone: Carer/Representative's Detail Name of Complainant: Address: Phone: Relationship to Complaint: Advocate's Details	rent from the Complainant)	Date:
Service User's Details (If Diffe Name of Complainant: Address: Phone: Carer/Representative's Detail Name of Complainant: Address: Phone: Relationship to Complaint: Advocate's Details	rent from the Complainant)	Date: