

Complaint Tracking Form for Individuals

Location:					Complaint Reference			
The Individual making the complaint					Complaint Category			
Individual Name:					MDT			
					Staff Behaviour			
					Environment			
					Medication/Treatment			
					Health and Safety			
Complaint type	Written		Verbal		Other:			
Staff member receiving the complaint								
Name:				Position:			Date Received:	

Actions to be carried out	Yes/ No	Name of person responsible	Date completed	Sign when completed
Acknowledgement letter sent				
Register completed on complaint log sheet				
Investigation commenced				
Investigation completed				
Response letter sent to complainant				
Entered onto weekly CambianKPI				
Complaint sent to Ofsted/CQC/HiW (if necessary)				
All documents in complaints file				

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The Investigating Staff Name			
Summary of the complaint			
People involved in the investigation, their role and their involvement			
1.			
2.			
3.			
4.			
5.			
Actions taken			
Individuals Comments			
Individuals Signature		Date	