

# Complaint Form

## Details of the person making complaint

Date complaint received	
Name of person receiving complaint	
Position of person receiving complaint	
Does the person making the complaint wish to remain anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is no, name of person making complaint	
Relationship of person making complaint	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
Phone	
Email	
Address	

## Participant details

Name of participant complaint is regarding	
Is the participant existing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we speak directly to the participant about the complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Complaint details

Description of complaint
What is considered appropriate resolution by the person making the complaint
Current status of complaint
<input type="checkbox"/> Investigating <input type="checkbox"/> Action proposed <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved
What actions have been proposed? Or if resolved, how was it resolved?