



Point of Contact Complaint Resolution Form



Complainant Details:

Name

Address

Tel. no:

Email Address:

Is the complainant a: *Patient* ☐ *Relative of a Patient* ☐ *Member of the Public* ☐

Brief overview of Complaint

Date and time of complaint: _ _ / _ _ / _ _ _ _ _ (please use 24 hour clock)

Who was involved? *(Please list all persons involved including patient or staff member details)*

Briefly describe how complaint was addressed.

Complainant Signature:

Name: _____ Signature _____ Date _____

Staff member details:

Staff Name: _____

Service Location: _____

Contact Tel: _____ Email: _____

Signature: _____ Date: _ _ / _ _ / _ _ _ _