Complaint Record Form

Date: ……..

Complainant's Name: …….

Complainant's Role: Staff ☐ Student ☐ Other ☐

Complainant's Contact details:

Address: …….

Phone: ……..

Email: …….

Complaint received by: Name: ……...

Signature: ……

Description of Complaint: ……..

Action taken locally: …….

Further action required ☐ Manager Date: …….
Within 24 hours

☐ President Date: …….

☐ Mediation Date: …….

Resolution: ……..

Signature: ……. Date: ……..