

**COMPLAINTS REPORT**

Date & Time of Complaint	
Date complaint Acknowledged	
Complaint made by	
Relationship to resident	
Name of Resident	
Complaint received by	

Mode of communication (please tick)

Telephone		In writing	
In Person/face to face			

Nature of complaint (please tick)

Care		Communication	
Environment		Financial	
Staff Attitude			
Food			
Laundry			

**Summary of Complaint:**

**Actions taken by and Dates -**

**Date of final decision -**

**Outcome**

**Reflective analysis of the complaint and future learning**

Signature.....