



## TJW001 - CLIENT COMPLAINT FORM

<b>Project/Site:</b>		
<b>Complainant Name:</b>		
<b>Complainant Address:</b>		
<b>Complainant Phone:</b>		
<b>Complaint received:</b>	Date:	Time:
<b>Staff who received initial complaint:</b>	Name:	Position:
<b>Complaint reported to:</b>	Name:	Position:
<b>Date &amp; Time complaint reported:</b>	Date:	Time:

### TIME FRAME FOR ADDRESSING COMPLAINT:

<b>WHAT IS THE CONCERN?</b>
<b>KEY PEOPLE INVOLVED (Name, Position, Contact Details.</b>
<b>AGREED TIMEFRAME FOR ADDRESSING COMPLAINT:</b>
<b>INVESTIGATION</b>
<b>OUTCOME</b>



QUALITY IMPROVEMENT RESPONSE (if applicable)		
Action	By whom	By when

**HAS THE PROBLEM BEEN SOLVED IN THE STATED TIMEFRAME?**

Please Tick:            Yes            No

If no, what further action do you believe needs to take place and by whom?

**DO YOU NEED ASSISTANCE IN TAKING YOUR COMPLAINT FURTHER?**

Please Tick:            Yes            No

**WOULD YOU LIKE US TO ARRANGE SUPPORT?**

Please Tick:            Yes            No

**COMPLAINT FORWARDED TO:**

**RESPONSE**

ACTION BY WHOM:	WHEN	REVIEW DATE:

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Manager Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date