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| --- | --- | --- | --- | --- | --- | --- |
| **Beneficiaries Complaints Form** | | | | | | |
|  | | | | | | |
| **1. Details of Complaint (to be completed by the complainant or officer taking complaint)** | | | | | | |
| Name of Complainant: | |  | | | | |
| Date of Complaint: | |  | |  | | |
|  | | | | | | |
| **Contact details of complainant** | | | | | | |
| Address 1: |  | | | | | |
| Address 2: |  | | | | | |
| Town: |  | | | | | |
| City: |  | | | | | |
| County |  | | | | Post Code: |  |
|  | | | | | | |
| Phone | Home: |  | | |  | |
| Mobile: |  | | |
| Email | Home: |  | | | | |
| Work: |  | | | | |
| |  |  | | --- | --- | | **Details of officer taking complaint** | | | Name of Officer: |  |  |  |  |  |  | | --- | --- | --- | --- | | Phone | Home: |  |  | | Mobile: |  | | Email | Home: |  | | | Work |  | | | | | | | | |
| 1st Investigating Officer: | | |  | | | |
| 2nd Investigating Officer: | | |  | | | |
|  | | | | | | |
| **Nature of Complaint:** (Please continue on a separate sheet in required) | | | | | | |
|  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Complanants Signature** | | | |
| Signed: |  | Date: |  |

|  |
| --- |
| **2. Action Taken by Refugees Welcome** |
|  |
| Outcome of investigation |
|  |
|  |
| Restorative actions, policy or procedure changes undertaken by Refugees welcome: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Closing of Complaint** | | | |
|  | | | |
| Has the complaint been satisfactorily resolved? Complaints Trustee | Yes | No |  |
|  | | | |
| If (No) what further action is required? | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manager / Trustee handling the camplaint | | | | |
| Name in Block Capitals: | |  | | |
|  | | | | |
| Signed: |  | | Date: |  |
|  | |