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| **Beneficiaries Complaints Form** |
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| **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: |  |
|

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| **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) |
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| **Complanants Signature** |
| Signed: |  | Date: |  |

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| **2. Action Taken by Refugees Welcome** |
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| Outcome of investigation |
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|  |
| Restorative actions, policy or procedure changes undertaken by Refugees welcome: |
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| **3. Closing of Complaint** |
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| Has the complaint been satisfactorily resolved? Complaints Trustee | Yes | No |  |
|  |
| If (No) what further action is required? |
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| Manager / Trustee handling the camplaint |
| Name in Block Capitals: |  |
|  |
| Signed: |  | Date: |  |
|  |