



COMPLAINTS FORM

KISIMUL GROUP LTD

This form is to be used to record complaints made by any persons including members of staff, children/young people, relatives or any other interested party

PART 1: Details of Complainant

Complainant's Name:			
Address:			
Tel No:			
Date of Complaint:			
By Letter	<input type="checkbox"/>	By Telephone	<input type="checkbox"/>
In Person	<input type="checkbox"/>		
Who received complaint?			
Date of written acknowledgment:			
Name of child/young person (if different to above):			

PART 2: Home/location information

Home/Dept name:			
Address:			
Tel No:			
Head of Care name:			
OFSTED contact name & tel no:			
CQC contact name & Tel no:			

PART 3: Area(s) of Complaint

Care	<input type="checkbox"/>	Catering	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Building & Grounds	<input type="checkbox"/>
School					

Date notified to Operations Director:	
Date notified to Director of Education	
Date notified to Development Director	
Date notified to Chief Executive	

PART 4: Action plan (for resolved complaint)

Name of 'investigating' officer:	
Start date for investigation:	
Has complaint been resolved? Y or N (If Yes, summarise action taken, if N move to next table)	
How was action reported to complainant? (Letter/telephone etc?)	
Who reported action to complainant? When?	
Has corrective action been checked or authorised? Y or N (If yes, who authorised action)	

PART 5: Action plan (for unresolved complaint)

Is action still required?	
Briefly summarise action to be taken:	
Estimated date for investigation completion:	

NB: Complaint records should be maintained in the home/dept. Please ensure a copy of this complaint form is kept in child/young person's file.

Complaints books/records must be checked as part of Monthly Provider visits