



To: SMT
 From: Paul
 Re: Verbal Complaints Form
 Date: March 2015
 Status: For discussion

Verbal Complaints Form

Please complete when any issue, concern or negative comment has been received. Confidentiality should be maintained at each stage of the process

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|--|--|
| Contact details of complainant (name, address, email address, telephone) | |
| Nature of concern/complaint | |
| Resolution requested | |

| | |
|--|---------------|
| Actions taken and response given | |
| Issue resolved | Yes No |
| If not resolved, what further actions can be taken? Has the complainant been informed how to make a written complaint? | |
| Name of person completing the form/role at the Hospice | |
| Signature of person completing the form | |
| Date | |