Slough Refugee Support

**Complaints Form**

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| **Date:**  **Time Received:**  |

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| **Complainant’s First Name:****Complainant’s Surname:** |

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| **Address:** **Telephone Number:** |

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| Complaint:Issue(s):Action(s): |

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| **Delegated Officer Full Name:** |
| Outcome |

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| Complaint acknowledged by letter date sign (please tick as appropriate) phone date sign  |

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| Please write a position statement in relation to this complaint in terms of date/time/issues/actionsNext step(s):Outcome:Resolved yes/no/in partUpheld yes/no/in partDescription |

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| Recorded by: Managed by:Date: |