Slough Refugee Support

**Complaints Form**

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

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

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

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

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

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

|  |
| --- |
| Please write a position statement in relation to this complaint in terms of date/time/issues/actions  Next step(s):  Outcome:  Resolved yes/no/in part  Upheld yes/no/in part  Description |

|  |
| --- |
| Recorded by: Managed by:  Date: |