

Complaints Form

For internal use only

Complaint received by:

Date of reception: / /

Reference number:

Department involved:

Employee involved:

Initial response to client: Yes, No

Date: / /

Initial Action Taken:

.....
.....

Informed client of initial action taken: Yes, No

Date: / /

Further Action Taken: Yes, No

Date: / /

Further Action Taken:

.....
.....

File handed on to Compliance Officer: Yes, No

Date: / /

Settlement of complaint: Yes, No

Date: / /

Summary of how the complaint was settled:

.....
.....

Signature of Responsible Officer: Date: / /