

HSE Point of Contact Complaint Resolution & Escalation Form



Complaint Resolution Complaint Escalation

Is the complainant a: Service User Relative Other Please Specify

Brief Description of Complaint

Date: DD/MM/YYYY Time (please use 24 hour clock format):

Is any part of this complaint reportable?* Yes No

If yes, please escalate to your Line Manager immediately. *Reportable may cover safeguarding, incidents, Trust in Care, etc.

Who was involved? (Please list all persons involved including staff member(s))

Briefly describe how the complaint was address including any action taken:

Was the complainant satisfied? Yes No*

*If No, is the complaint to be escalated? Yes No

**FORM TO BE COMPLETED BY STAFF MEMBER WHO RESOLVED THE COMPLAINT AT POINT OF CONTACT.
FORM TO BE RETAINED BY LINE MANAGER.**

Staff Name: _____ Service Location: _____
 Contact Tel: _____ Email: _____ Date: _____

PLEASE COMPLETE SECTION BELOW ONLY WHERE COMPLAINT IS FOR ESCALATION TO COMPLAINTS OFFICER

What outcome does the complainant wish to result from their complaint?

To be completed by the complainant: Name: _____
 Date: _____ Send to Complaints Officer: Yes No

For Line Manager: Briefly describe why complaint could not be resolved at point of contact?

Incident Report Filed: Yes No N/A

Line Manager Name: _____ Service Location: _____
 Contact Tel: _____ Email: _____ Date: _____

FORM TO BE COMPLETED BY STAFF AND GIVEN TO LINE MANAGER. WHERE COMPLAINT IS FOR ESCALATION, FULL FORM TO BE COMPLETED BY LINE MANAGER AND SENT TO COMPLAINTS OFFICER FOR YOUR SERVICE YOUR SAY COMPLAINTS. LINE MANAGER TO RETAIN COPY FOR RECORDS AND LEARNING PURPOSES.