

**HSE Point of Contact Complaint Resolution & Escalation Form**

**Complaint Resolution  Complaint Escalation**

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| **Brief Description of Complaint** | |
| Click or tap here to enter text. | |
| **Date:** Click or tap to enter a date. | **Time *(please use 24 hour clock format)*:** Click or tap here to enter text. |

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| 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. | | |

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| **Who was involved? (Please list all persons involved including staff member(s))** | |
| Click or tap here to enter text. | |
| **Briefly describe how the complaint was address including any action taken:** | |
| Click or tap here to enter text. | |
| **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.** | |

**Is the complainant a: Service User  Relative  Other  Please Specify** Click or tap here to enter text.

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| **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.** |

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| **Staff Name:** | Click or tap here to enter text. | | | **Service Location:** | Click or tap here to enter text. | | |
| **Contact Tel:** | Click here to enter text. | **Email:** | Click here to enter text. | | | **Date:** | Click to enter date. |

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| **PLEASE COMPLETE SECTION BELOW ONLY WHERE COMPLAINT IS FOR ESCALATION TO COMPLAINTS OFFICER** |
| **What outcome does the complainant wish to result from their complaint?** |
| Click or tap here to enter text. |

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| *To be completed by the complainant:* **Name:**Click or tap here to enter text.  **Date:** Click or tap to enter a date. **Send to Complaints Officer: Yes  No** |

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| **For Line Manager: Briefly describe why complaint could not be resolved at point of contact?** | | |
| Click or tap here to enter text. | | |
| **Incident Report Filed:** |  | **Yes  No  N/A** |

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| **Line Manager Name:** | | Click or tap here to enter text. | | | **Service Location:** | Click or tap here to enter text. | | |
| **Contact Tel:** | Click here to enter text. | | **Email:** | Click here to enter text. | | | **Date:** | Click to enter date. |