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| **Complaint Resolution** |  | **Complaint Escalation** |  |



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

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| **Is the complainant a:** | **Service User** |  | **Relative** |  | **Other** |  | **Please specify** |  |

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| **Brief Description of Complaint** | |
|  | |
| **Date:** *DD/MM/YYYY* | **Time *(please use 24 hour clock format)*:** |

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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))** | | | | |
|  | | | | |
| **Briefly describe how the complaint was addressed including any action taken:** | | | | |
|  | | | | |
| **Was the complainant satisfied?** | **Yes** |  | **No\*** |  |
| **\*If No, is the complaint to be escalated?** | **Yes** |  | **No\*\*** |  |
| **\*\*If No, please explain:** | | | | |
| **FORM TO BE SIGNED BY STAFF MEMBER WHO RESOLVED THE COMPLAINT AT POINT OF CONTACT.**  **FORM TO BE RETAINED BY LINE MANAGER.** | | | | |

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| **Staff Name:** |  | **Service Location:** |  |
| **Contact Tel:** |  | **Email:** |  |
| **Signature:** |  | **Date:** | **DD/MM/YYYY** |

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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?** |
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| --- | --- | --- | --- | --- | --- |
| **(*To be completed by complainant*) Name:** |  | **Signature:** | | | |
| **Date:** | **DD/MM/YYYY** | **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?** | | | | | | |
|  | | | | | | |
| **Incident Report Filed:** | **Yes** |  | **No** |  | **N/A** |  |

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| --- | --- | --- | --- |
| **Line Manager Name:** |  | **Service Location:** |  |
| **Contact Tel:** |  | **Email:** |  |
| **Signature:** |  | **Date:** | **DD/MM/YYYY** |

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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.** |