|  |  |  |  |
| --- | --- | --- | --- |
| Name of person completing Report: |  | Complaint No: |  |
|  |  |  |  |
| Date: |  | Time: |  |
| Complaint received from: |  | | |
| Contact details of Complainant: |  | | |
| Area of Complaint: |  | | |
| Description of Complaint: |  | | |
| Evidence: |  | | |
| Type of Hazard (Safety/Environmental/Quality): |  | | |
| Actions Taken: |  | | |
| Actions acceptable by Complainant? |  | | |
| Responsible Person |  | | |
| Due Close out Date |  | | |
| Further Actions Required:  (An Incident Report to raised) |  | | |
| Incident Report No: |  | | |
| Closed out by: |  | | |
| Date Closed: |  | | |
| Follow Up Documents: |  | | |
|  |  | | |
| Entered on Complaints Register Y/N? | | |  |
| Signature of person reporting complaint: |  | | |