



## Complaint Record Form

### A. Customer details

Title: \_\_\_\_\_

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number Fixed: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Date complaint received: \_\_\_\_\_

### B. Complaint Details (Provide details of complaint, including any relevant dates, times or places)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: \_\_\_\_\_

Complaint Details?

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### C. Details of person compiling complaint form

Surname: \_\_\_\_\_ Job title/ grade: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### D. If this is not the first complaint ....

When did you first inform CareMalta of your complaint? \_\_\_\_\_

What is the name of the person you first contacted (if known)? \_\_\_\_\_

How did the person respond to your complaint? \_\_\_\_\_

### E. Investigation Findings (To be filled by Facility Manager or Senior Manager)

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**F. Report Conclusions/ Recommendations (To be filled by Facility Manager or Senior Manager)**

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**G. Form checked and completed: (To be filled by Facility Manager or Senior Manager)**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_