Appendix 'B' - Complaint Form

Client Name:_____Date: _____
(YYYY/MM/DD)

Date of Admission:_____Month_____Year: _____

Details of Staff (you are complaining about):

Name: _____

Position: _____

Date of incidence: _____

Nature of incidence: _____

_____

_____

_____

_____

_____(If there is more information please attach another sheet.)

Client Signature: _____

Date: _____

Received by: _____

Thank you.

You will receive a response to your complaint within 30 working days.