**COMPLAINTS FORM**

Please forward the completed Complaints Form **using Egress** to your designated Volunteer Driver Co-ordinator:

**David Kennedy** Tel. 01740 658891 / david.kennedy@supportive.org.uk **Alan Stewart** Tel. 01740 658892 / alan.stewart@supportive.org.uk

**Luke Thompson** Tel. 01740 658887 / luke.thompson@supportive.org.uk

 **Jayne Holmes** Tel. 01740 658884 / / jayne.holmes@supportive.org.uk

|  |  |
| --- | --- |
| **DATE** |  |
| **RECEIVED FROM** |  |
| **TEAM (IF APPLICABLE)** |  |
| **SERVICE USER /S NAME**  |  |
| **NAME OF STAFF/VOLUNTEER**  |  |
| **TAXI COMPANY/DRIVER/ESCORT** |  |
| **DETAILS OF COMPLAINT (including date of alleged incident)** |  |

**COMPLAINTS FORM - OFFICE USE** **REFERENCE NO:**

As per policy, complaint to be acknowledged within 2 working days. Reference number and name of Investigating Officer to be given to person making the complaint. Written response to be provided

Within 10 working days.

|  |  |
| --- | --- |
| **COMPLAINT RECEIVED BY**  |  |
| **INVESTIGATING OFFICER** |  |
| **INVESTIGATION** |  |
| **OUTCOME**  |  |
| **ACTION TAKEN**  |  |
| **COMPLETED BY** | **Signature Dated**  |