



ECMS Electronics Complaint Management System

CONCERN / COMPLAINT FORM

Complaint Name:	
Address :	
Telephone :	
Mobile :	
E – mail :	
Service User	<input type="checkbox"/> Relative / Friends <input type="checkbox"/> Staff <input type="checkbox"/> Supplier <input type="checkbox"/> Others <input type="checkbox"/>
Problem /Complaint	
Action taken and outcome	
Category	C <input type="checkbox"/> D <input type="checkbox"/> L <input type="checkbox"/> CT <input type="checkbox"/> O <input type="checkbox"/>
Complaint Date	Complaint Method Verbal <input type="checkbox"/> In Writing <input type="checkbox"/>
If other Agencies Informed	CQC <input type="checkbox"/> Police <input type="checkbox"/> Apc <input type="checkbox"/> Care Manager <input type="checkbox"/>
Completed By :	
Job Title :	



CORRECTIVE ACTION DETAILS

Letter sent by :
Date :
Investigated by :
Job Title :
Investigations commence date :
Corrective action :
Corrective action agreed by :
Date :



INVESTIGATION / CORRECTIVE ACTION DETAILS

Checked by :
Job Title :
Date :
Letter detailing sent by :
Date :
Complaint : Upheld <input type="checkbox"/> Partly Upheld <input type="checkbox"/> Not Upheld <input type="checkbox"/>
Complaint Resolved : Yes <input type="checkbox"/> No <input type="checkbox"/> Date :
Managers Name :
Corrective action agreed by :
Date :