

COMPLAINT OR FEEDBACK FORM



Nature of Feedback	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Positive Feedback

Complain/Feedback Channel	
<input type="checkbox"/> Complain or Feedback Form	<input type="checkbox"/> Phone
<input type="checkbox"/> Website	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify):	

Source Details	
Does the source want to remain anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Relation to Pair Ability	<input type="checkbox"/> Client/Consumer <input type="checkbox"/> Employee/Staff member/Volunteer <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Member of Advisory Body <input type="checkbox"/> Other (specify):
Contact Details:	Number: Email:

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	Address:
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Complaint or Feedback Details	
Concerned Operation/Department	
Concerned Personnel Name and Details:	
Detailed Description of Complaint or Feedback (Date, Personnel involved, Communication etc.)	

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Date of Complaint/Feedback submission	
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For Internal Use (For Complaints)

Complaint Category	<input type="checkbox"/> Internal Dispute/Grievance <input type="checkbox"/> Breach of Code of Conduct <input type="checkbox"/> Breach of Information Security <input type="checkbox"/> Other:	<input type="checkbox"/> Quality of Service <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Financial Misconduct
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Complaint Investigation

Executive Body Meeting Date:			
Complaint Priority:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

Investigation Methodology: (Investigation team, process and timeline)	
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Complaint Resolution

Resolution Date:	
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Investigation Findings:	
Details of Remedial/Resolution Actions	

Approvals

CEO HR Manager Case Manager