HSE Your Service Your Say





Complaints Officer

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Completed Q1 Q2 Q3 Q4
Location: Community Healthcare Organisation Hospital Group
Indicate Division (CHO) or Directorate (HG):
Identify Category:
Key issue(s):
Status: Upheld Partially Upheld Not Upheld
Background to complaint
Investigation
Key learning
For Office Use Only
For Office Use Only: Anonymised Learning Summary Casebook to be issued to Complaints Manager for circulation.
Complaints Officer Name: Date:
Email: Tel / Mobile: Complaints Manager Name: Email: