

# HSE Point of Contact Complaint Resolution & Escalation Form



Complaint Resolution:  Complaint Escalation:  **Please complete using block capitals**

Is the complainant a: Service User  Relative  Other  please specify: \_\_\_\_\_

Brief overview of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and time of complaint: \_\_/\_\_/\_\_\_\_ (please use 24 hour clock)

Is any part of this complaint reportable? \* Yes  No

If yes, please escalate to your Line Manager immediately. \*Reportable may cover safeguarding, incidents, Trust in Care, etc.

Who was involved? (Please list all persons involved including staff member(s) details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how complaint was addressed including any actions taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the complainant satisfied? Yes  No\*

\* If No, is the complaint being escalated? Yes  No

**Form to be signed by staff member who resolved complaint at point of contact. Record retained by Line Manager.**

Staff Name: \_\_\_\_\_ Service Location: \_\_\_\_\_  
Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**PLEASE COMPLETE SECTION BELOW ONLY WHERE COMPLAINT IS FOR ESCALATION TO COMPLAINTS OFFICER**

What outcome does the complainant wish to result from their complaint?

\_\_\_\_\_  
\_\_\_\_\_

To be completed by Complainant: Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Send to Complaints Officer: Y  N

For Line Manager: Briefly describe why complaint could not be resolved at point of contact:

\_\_\_\_\_  
\_\_\_\_\_

Line Manager Name: \_\_\_\_\_ Service Location: \_\_\_\_\_  
Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_