HSE Point of Contact Complaint Resolution & Escalation Form



Complaint Resolution	: Compla	aint Escalation:	Please complete using block ca
Is the complainant a:	Service User Re	elative Other	please specify:
Brief overview of Com	plaint:		
Date and time of comp	olaint://		(please use 24 hour clock)
Is any part of this comply lf yes, please escalate to	•	Yes mediately. *Reportable	No a may cover safeguarding, incidents, Trust in Care, etc.
Who was involved? (P	Please list all persons inv	volved including staff	f member(s) details)
Briefly describe how co	amplaint was address.	ad including any ac	ationa takani
Differry describe flow of	omplant was addresse	ed including any ac	cions taken.
	t being escalated?	Yes Notes No	t of contact. Record retained by Line Manag
* If No, is the complain form to be signed by staff Staff Name:	t being escalated?	Yes North No	o t of contact. Record retained by Line Manag
* If No, is the complain orm to be signed by staf	t being escalated?	Yes Note Note Note Note Note Note Note Note	o t of contact. Record retained by Line Manag
* If No, is the complain form to be signed by staff Staff Name: Contact Tel: Signature:	t being escalated? If member who resolved E SECTION BELOW ONLY W	Yes Note that the second secon	o contact. Record retained by Line Manage ocation:
* If No, is the complain orm to be signed by staff Staff Name: Contact Tel: Signature: PLEASE COMPLETE What outcome does to	t being escalated? The member who resolved E SECTION BELOW ONLY We the complainant wish	Yes Note to result from the	o contact. Record retained by Line Manage ocation:
* If No, is the complaint orm to be signed by staff Staff Name: Contact Tel: Signature: PLEASE COMPLETE What outcome does to	t being escalated? The member who resolved E SECTION BELOW ONLY We the complainant wish Complainant: Name:	Yes Note that Point at Point Service Legal Email: Date: The Complaint of the Point Service Legal Email: The Complaint is to result from the Service Legal Email: The Complaint is the Point Service Legal Email: The Complaint is the Point Service Legal Email: The Complaint of the Point Service Legal Email: The Complaint Service L	o contact. Record retained by Line Manage ocation:
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* If No, is the complain orm to be signed by staff Staff Name: Contact Tel: Signature: PLEASE COMPLETE What outcome does to To be completed by Co Signature: For Line Manager: Bri	t being escalated? The member who resolved E SECTION BELOW ONLY We the complainant wish Tomplainant: Name: Date: Tellify describe why core	Yes Note that the service Land Service Land Email: Date: The complaint is to result from the service Land Email: The complaint could not the service Land Email: The complaint at point at po	o contact. Record retained by Line Manage ocation:
* If No, is the complain orm to be signed by staff Staff Name: Contact Tel: Signature: PLEASE COMPLETE What outcome does to To be completed by Co Signature: For Line Manager: Bri Line Manager Name:	t being escalated? Finember who resolved E SECTION BELOW ONLY We the complainant wish Complainant: Name: Date: iefly describe why cor	Yes	ocation: FOR ESCALATION TO COMPLAINTS OFFICER eir complaint? Send to Complaints Officer: Y \(\sqrt{N} \) be resolved at point of contact: