

APPENDIX 1

Walsall Metropolitan Borough Council	Social Care & Supported Housing Customer Care Team	Form No: WSS 076a Dated November 2005
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Ref:

COMPLAINTS LOG **CHILDREN ACT and NHS and COMMUNITY CARE ACT**

WORKPLACE LOG STAGE ONE

Service User's Surname:.....

First Name(s).....

Service User's address

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..... Post Code:.....

Service User's Tel.....

Service User's D.O B

Service User's PARIS number

Complainant name and contact details

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Location Team or Unit 

Member of Staff recording complaint

Brief Summary of Complaint

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Please retain a copy of this page and forward the log to the Customer Care Team for reporting and monitoring purposes

COMPLAINTS LOG
CHILDREN ACT and NHS and COMMUNITY CARE ACT

WORKPLACE LOG STAGE ONE : RESOLUTION

Service User's Surname

First Name(s)

Paris Number

Date of Birth

Complaint resolution offered:

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Resolution accepted by complainant: **Yes / No**
(Please delete one)

Complainant informed of entitlement to progress complaint to Stage Two? **Yes / No**
(Please delete one)

Complainant wishes to progress complaint to Stage Two? **Yes / No**
(Please delete one)

Signature of Line Manager.....

Date.....

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