



# Complaint and Compliment Form

Name: Mr  Mrs  Miss  Ms  \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Details of your complaint or compliment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue on a separate sheet, if necessary

What would you like us to do and how should we reply?

\_\_\_\_\_

\_\_\_\_\_

No reply necessary

By letter

By email

**FOR AUDIT PURPOSES ONLY:**

Date Received: \_\_\_\_\_

Region: \_\_\_\_\_

Complaint relates to:

Administration

Quality of Service

CHL Policy

CHL Employee

Other \_\_\_\_\_

Resolved at Stage 1

Resolved at Stage 2

Resolved at Stage 3

Date Resolved \_\_\_\_\_

Solution offered and steps taken to improve procedure/service

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_