

INFORMAL COMPLAINT REPORT

This form is to be completed by the Educational Business Manager / Manager.

1. Complainant/s Details	2. Date of Informal Complaint: ___/___/___
First Name _____ Surname _____ <hr/> Address _____ <hr/> Phone Number H _____ W _____ M _____	
3. Informal Complaint/allegations (attach documentation if written)	
_____ _____ _____	
4. Respondent/s (list students/staff involved)	
_____ _____ _____	
5. Evidence and Further Information Gathered	
_____ _____ _____	
6. Conclusions / Recommendations and Proposed Outcome by EBM / Manager	
_____ _____ _____ _____	
(Please see over to complete)	

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Proposed Outcome:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
7. Actions Taken (Include any follow up dates)
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
8. Attachments
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Completed by:

(EBM / Manager) Signature: _____ Date: ___/___/___

Complainant/s Signature: _____ Date: ___/___/___

The original of this document is confidentially filed by the Educational Business Manager / Manager.

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Authorised by: Anthony Mills
Maintained by: Anthony Mills

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