



Local Link Kerry

COMPLAINTS RECORD

Day & Date:

Telephone:

Name:

Email(Optional):

Address:

Service Name:

Date:

Nature of Complaint:

Signed: _____

Date: _____

FOR INTERNAL USE ONLY:

Internal Complaint No:

Stage 2: Formal Investigation Process

Acknowledged Receipt:

Date:

Method:

Investigated by:

Investigation Findings:

Signed: _____

Date: _____

Stage 3: Internal Complaints Review

Date:

General Managers Review:

Signed: _____

Date: _____

Stage 4 :Boards Independent Review:

(If Required)

Date:

Signed: _____

Date: _____