

# Center for National Threat Assessment

## Complaint Form

### Details of receipt of complaint

Date of complaint: \_\_\_\_\_ Time: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_

Method by which complaint made:  Phone  in person  Letter  Email

### Details of the person making the complaint

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Details of complaint

Description of event/complaint  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was an Incident form completed?  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Practice Manager notified:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complaint acknowledgement letter sent:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Outcome

What action was taken?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Office Use Only

Was placed in agenda for the next meeting:  Yes  No

Was this matter satisfactorily resolved?  Yes  No

Was letter of outcome sent to person making complaint?  Yes  No