**Complaint Form**

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| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Staff involved:** |  |
| **Location:** |  |
| **Explanation of Complaint-** |
|  |
| **Recommendation -** |
|  |
| **Signed:** |  |
| **RTO Officer:** |
| **Passed on to Director:** | [ ]  **Yes** [ ]  **No** |
| **Logged in Register:** | [ ]  **Yes** [ ]  **No Complaint number: .CP…………** |
| **Outcome:** |  |