**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:** | |  |