

POLICY TYPE: ADMINISTRATION  
(ADM) POLICY TITLE: *RIGHTS OF INDIVIDUALS*



APPENDIX 4: *COMPLAINTS RESOLUTION FORM*

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Complaint made by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number of complainant: \_\_\_\_\_

Complaint received by: \_\_\_\_\_

**STEP 1 – respond within seven (7) working days**

Complaint/Concern:

Immediate Action Taken:

Complaint forwarded to Program Manager

Complaint has been resolved

Respondent's Signature: \_\_\_\_\_

Date forwarded or considered resolved: \_\_\_\_\_

**STEP 2 – respond within seven (7) days of complaint being forwarded**

Further Action Required:

Program Manager's Follow-Up:

Complaint has been resolved

Complaint forwarded to Manager

Management Action Required:  Yes  No

Program Manager's Signature: \_\_\_\_\_

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

Date Forwarded or considered resolved: \_\_\_\_\_

**STEP 3 – respond within seven (7) days of complaint being forwarded**

Management Follow-Up (if applicable):

Complaint forwarded to Executive Director

Complaint has been resolved

Manager's Signature: \_\_\_\_\_

Date forwarded or considered resolved: \_\_\_\_\_

**STEP 4 – respond within seven (7) days of complaint being forwarded**

Executive Director Follow-Up/Recommendations:

Review with Board President or designate

Recommended to go to Board

Considered resolved

Date forwarded or considered resolved: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

**STEP 5 – respond within seven (7) days of complaint being forwarded**

Board Review Decision:

Date forwarded or considered resolved: \_\_\_\_\_

Board President Signature: \_\_\_\_\_