



Safeguarding FS F18.17.09-1

Complaint Form

Complainant D	etails						
Title							
☐ Ms	Miss	☐ Mrs	☐ Mr	☐ Other			
First Name				Surname			
Address							
Impacted Client?							
Interpreter, Support or Aids Required?							
Parent/Carer/Legal Guardian/Representatives Details:							
Complaint Details							
Have you attem	pted to resolve t	he complaint infor	mally?				
Yes				□No			
If yes, provide details (eg when and with whom):							
If No, provide details (e.g. barriers to informal resolution):							
	1 1 1 1						
	d a complaint ab	out this issue befo	ore?				
Yes				□ No			
Complaint Sun	nmary						
When it happen	ed?						
Where it happened?							
Who was involved?							
What happened (details of your complaint)?							
What would you like to happen to resolve your complaint?							
Attach any documentation that supports your complaint							
Acknowledgm	ent						

Approval date: May 2025 Review date: May 2028

All the information provided above is to	rue and correct to the best of my knowledge.
Signature	Date

Privacy Notice

The personal information provided by you on this form and any associated documents will be used by FS to assist you with your complaint and not for any other purpose. The information will only be disclosed to persons or agencies outside FS in accordance with the Privacy and Personal Information Protection Act 1998 or as otherwise required or authorised by law. The provision of your information is voluntary. It will be stored securely. You may gain access to and correct your personal information by contacting the Privacy Officer Telephone: 13 18 19, Email: safeguardingatfamilyspirit@familyspirit.org

What happens next?

Once your complaint has been received by FS it will be allocated to an investigating officer. The investigating officer will acknowledge receipt of your complaint within five working days. Complaints will be investigated as promptly as possible and where possible you will be updated and included in the investigation. Once the investigation is completed you will be advised in writing of the outcome.

Office Use Only:

Complaint received by (Employee/Manager)							
Name	Position	Date signed					
Complaints Register Number							
Division							
Allocated Executive							
Delegated Investigating Officer							

FS F18.17.09 / 1: COMPLAINT FORM

Approved by: Family Spirit, A/COO Implementation date: May 2025



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