Youth Work Ireland Complaints Record Form (Appendix 1)

Date of complaint: Complaint made by: Complaint received by (staff members’ name): Complaint received by post? In person? Scanned in an email? Please choose as appropriate Is there any attachments/ supporting documents? Yes or No?

**Complainant details**

Name of complainant(s):

Address of complainant(s):

Contact phone number(s):

Email Address

If a complaint is being made on behalf of someone else:

1. Who is the complaint on behalf of:
2. Who is making the complaint:
3. What is their relationship
4. Does the representative have the complainant’s written consent to represent their interests? (unless the case pertains to a child/a vulnerable person where this is irrelevant) Yes No

Details of the complaint (If insufficient space, attach extra pages). Please include:

* Who was involved?
* What happened, where and when?
* What are you concerned about?
* Have you done anything already to resolve this matter?
* What would you like to see happen?

Signed:

Complainant: Date:

Complaints Office (sign on receipt): Date:

Details of investigation (To be completed by the Complaints Officer)

Outcomes (To be reported on by the Complaints Officer)