

Wolf Pack

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Service User / Community Complaint or Grievance Form

Service User or Community Member Information

Name:
Phone:
Email and/or Postal Address:

Complaint Information

Date:
Complaint / Grievance:
Solutions Sought by Service User or Community Member: (note the solutions the complaint filer is seeking to each of the issues listed above)
Complaint / Grievance Background: (brief description of client's circumstances and situation leading to complaint)



Actions Taken

Step 1:
Date:
Staff Involved:
Notes:
Next Steps:
Step 2:
Date:
Staff Involved:
Notes:
Next Steps:
Step 3:
Date:
Staff Involved:
Notes:
Next Steps:
Step 4:
Date:
Staff Involved:
Notes:



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Next Steps:

Outcome Resolution

(describe outcome of complaint and any improvements implemented as a result)

Name of Staff Member

Signature

Name of Manager

Signature

Name of Director

Signature

Date

GrievanceForm_WPCTS

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