



FORM 4I Concern Form

Name: _____

Date: _____

Contact details (if applicable) _____

Log Number	_____
Date entered:	_____

Relationship (if applicable) _____

Confidentiality required? Yes / No

Describe your concern:

What would you like to see happen?

Action taken:

Attach copies of all documentation (emails, meeting minutes, letters, etc)

Investigator

Date complaint acknowledged (Within two working days)

By Whom

Date feedback given (Within ten working days)

Written Phone Direct By Whom

Are you happy with the solution? Yes / No

Comments:

Signature: _____ Date: _____

Complaints Officer to file in Complaints File (Central file)