Date of Complaint: ….../…../…………….

Complaint Received by:

Name:……………………………………………………Position…………………………………

Complaint made via: 🞏 Telephone

🞏 Text

🞏 In person

🞏 E-mail

🞏 Website

🞏 Complaint Box

Subject of Complaint

………………………………………………………………………………………………………

Name of Complainant:

..…………………………………………………………………………………………………

Address: ………………………………………………………………………………………………

Phone number (Optional): …………………………………………….

Detail of Complaint:

………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Comments: ………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………

Action to be Taken: ………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Outcome: ………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed by: (GRM Focal Point)

Date: ……/…………/…………