



Bestwest Care Complaint Form

Please note: By completing this form, you are registering a formal complaint.

Thank you for taking the time to bring your concern to our attention. Your feedback is invaluable to us, and we aim to address your complaint promptly. You will receive a confirmation receipt within 5 working days.

Date:

Name:

Contact Numbers:

Please provide a detailed account of your concern below, including as much information as possible:

Insert detailed description of concern here.

Signature:

Created September 2017

V2

Review date: April 2025

SharePoint>Training.TrainnigAdmin>Complaints>Complaints form



OFFICE USE ONLY

Received by: _____

Complaints Number Issued: _____

Date: _____

Given to: <Position> _____

Date written acknowledgement forwarded: _____

By: _____

Date Issued: _____

Follow-up Date (Note: 60-day limit): _____

Action Taken: (meetings, investigation, interviews, and formal hearings). Please attach all documentation.

Insert details of actions taken here:

Note any referral to an independent party or authority.

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Record of decision and any further recommendations for action (improvement, corrective, or preventive actions).

Insert details of decision and recommendations here:

Specify possible improvement based on complaint:

Insert possible improvements here:

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Date of finalization or external referral: _____

Signature: _____ Date: _____

Entry into file: _____ Date: _____

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