

**Page 1 & 2** of this form must be completed and forwarded to Complaints Officer to record the receipt, investigation and outcome of informal complaints made to Orkney Islands Council

**Details of the manager dealing with the complaint**

Full name	
Post held	
Workplace	
Telephone	

**Details of how the complaint was received**

Date and time the complaint was received	
Source of the complaint eg the complainant, customer services adviser, other member of staff, or third party	
Method through which the complaint was received i.e. telephone, email, online, post or in person	

**Details of the complainant**

Title eg Ms, Dr, Mrs, Mr, Miss	
Forename	
Surname	
Postal address	
Email address	
Telephone number	
Contact preference i.e. post, email or telephone	

**Where the complaint has been made on behalf of the complainant by a third party, for example, the carer of a mentally frail older person, or the parent of a child, was the validity of the third party established in respect of making the complaint?**

Yes	
No	

**Is the complainant aware that a complaint has been made on their behalf?**

Yes	
No	

**Details of the third party making the complaint on behalf of the complainant**

Title eg Ms, Dr, Mrs, Mr, Miss	
Forename	
Surname	
Relationship to the complainant	
Postal address	
Email address	
Telephone number	
Contact preference i.e. post, email or telephone	

**Summary of the complaint**

To be signed by the complainant or receiver of the complaint prior forwarding to the Complaints Officer

**Signed..... Date.....**

**Summary of the investigation of the complaint**

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**Outcome of the complaint**

Complaint upheld		Complaint partly upheld		Complaint not upheld	
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**Summary of the feedback to the complainant**

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**Summary of what has been learned from the complaint, and how this knowledge will be utilised to drive continuous improvement**

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**Instructions to the departmental complaints officer**

Complaint resolved to the satisfaction of the complainant, no further action required	
Complaint remains unresolved, no further action required	
Complaint remains unresolved, please carry out formal investigation	

**Signed..... Date.....**

**Complaint category as determined by the departmental complaints officer**

Disputed assessment of the need for a service	
Refusal to provide a service	
Failure to provide a service	
Delay in providing a service	
Level of service	
Quality of service	
Withdrawal of a service	
Council policy/procedure	
Cost/billing/finance	
Staff conduct/attitude	
Breach of confidentiality	
Discrimination	

**Informal complaint closed by the departmental complaints officer**

Details of the complaint recorded on the departmental complaints database	
Formal investigation initiated	

**Signed..... Date.....**