## COMPLAINT FORM 1

Name of Complainant		
Date Complaint received		
SLT Member identified (including date)		
Date initial contact made (SLT		
member holding call) Names of all those involved in		
complaint – indicate staff or		
student		
CHRONOLOGY OF EVENTS		
EVENT		DATE
Summary of Findings & Agreed action (with dates)		Malicious/Unsusbstantiated/ Substantiated/False
Case Closed Date		