

## 9.5.1 Complaint Record

Name of complainant		
Date Complaint Made	Time	
Summary of complaint	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written
Summary of Discussion		
Name of second person present (if applicable)		
Summary of resolution		
Further action required by management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OSHC Coordinator/Employee name		
Signatures of those present	Date	
Date management made aware of the complaint		