



Complaint Report

Please provide complete information to allow a full investigation of the complaint.

Details of the person submitting the report:

Name of Person Submitting Complaint	
Organisation	
Position Held	
Address of Organisation	
Contact Telephone Number	
Contact Email	

If submitting this report on behalf of a Service User, please provide their details below:

Full Name	
Address	
Contact Telephone Number	
Contact Email	

Details of the location, the incident/issue occurred:

Property Address	
Property Town/City	
Property Postcode	
Clearsprings – Ready Homes Local Manager	
Region	
Has the complaint previously been made directly to the Local Manager?	
Date the complaint was first raised?	
Was any action taken by the Local Manager to rectify the issue?	Yes/No
If action was taken by the Local Manager, please detail what action.	



Details of the complaint:

Specify the nature of the complaint i.e. Property, Staff or Other	
If Other stipulated, provide the nature of the Complaint	
Date the issue occurred	
Provide details of the issue and/ complaint	
If the nature of the complaint is Property, provide the address	
If the nature of the complaint is Staff, provide the name of the staff member	
Was the issue/incident witnessed?	
Provide the name of the witness	
Address of the witness	
Contact Telephone number of the witness	

Emergency Services

Was any emergency services involved	
If yes, please specify which service	
Police Incident Number	
PC Name/Collar No/Tel No	
Date Reported to Police	
Action taken by Police	
Fire Incident Number	
Fire Contact Name and Number	
Was medical assistance required as a result of the incident/issue?	
Ambulance Incident Number	
Hospital Name	
Doctors Name	
Date Doctors was attended	

Home Office

Has the complaint been raised with the Home Office	
Date the complaint was raised	
Name of the person to whom the complaint was reported	

Ready Homes Use Only: Complaint Ref No -