

YMCA OFFICE USE ONLY – Complaint Form

Application Reviewed By:			
Escalated to Management <i>(where applicable)</i>	<input type="checkbox"/> Yes	Date	
	<input type="checkbox"/> No		
Actions to be taken:			
Actions completed	<input type="checkbox"/> Yes	Date	
Complainant notified of outcome:	<input type="checkbox"/> Yes	Date	
Notification method:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Letter		
Additional comments: <i>(if required)</i>			
Approved by Manager:			
Signature:			
Date:			