



Staff Feedback & Complaints Form – HR9

Please use this form to record any feedback, complaints, workplace health and safety hazards, and comments or suggestions for improvement regarding services, processes and procedures.

Please provide the completed form to the Operations Manager.

Employee details

Name:

Job Title:

Contact no.:

Date:

Feedback or Complaints Details

(Please record your comments complaint or suggestions)

To be completed by the Operations Manager

Action taken:

Signature and date:

Feedback or issue has been resolved: Yes – No



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Date of resolution