|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complaint Report** | | |  | | | | | | |
| **Client:** | |  | | | **Date of complaint:** | | | |  |
| **Matter ref:** | |  | | | **Fee earner:** | | | |  |
| **Matter:** | |  | | | | | | | |
| **Summary of complaint** | | | | | | | | | |
|  | | | | | | | | | |
| Could a claim be made for any losses? | | | |  | | Yes | |  | No |
| Client sent copy of complaints handling policy? | | | |  | | Yes | |  | No |
| **Investigation of complaint and identification of cause** | | | | | | | | | |
|  | | | | | | | | | |
| Complaint justified? | | | | ☐ | | Yes | | ☐ | No |
| **Corrective action proposed, including possible redress** | | | | | | | | | |
|  | | | | | | | | | |
| **Any changes in procedures required** | | | | | | | | | |
|  | | | | | | | | | |
| Advise insurer? | | | | ☐ | | Yes | | ☐ | No |
| **Signed:** |  | | **Date closed:** | | | |  | | |