|  |  |
| --- | --- |
| **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:** |  |