



PROPERTY  
SOURCING  
COMPLIANCE

PLACE CROSS IN BOX WHEN CLOSED

☐

COMPLAINT REF. NUMBER

## RECORD OF COMPLAINT

COMPLAINT NO:	DATE RECEIVED:
COMPLAINT TAKEN BY:	SIGNATURE:

COMPLAINANT NAME:	
COMPLAINANT ADDRESS:	
PROPERTY CONCERNED:	
SUPPORTING DOCUMENTATION:	

IS THE COMPLAINT (TICK WHERE APPROPRIATE):  VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/>	IN HOUSE COMPLAINTS PROCEDURE GIVEN? <input type="checkbox"/>
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## COMPLAINT PROCESSING

TASK	DATE	INITIAL/NAME
COMPLAINT ACKNOWLEDGED		
INITIAL RESPONSE SENT		
APPEAL RECEIVED		
FINAL VIEWPOINT SENT		
COMPLAINT CLOSED/TPO REFERRAL		



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