

Record details of the complaint using this template and, once the matter is concluded, file it safely. Keep the records indefinitely in line with GBM's data protection policy.

Details of person or group complaint made about:

Name of person/group:

Language: Age: Date of birth:

Additional needs:

Person/group's address:

Complainant's details:

Name:

Address:

Postcode:

Telephone number: Mobile number:

Email:

Your details:

Your name:

Your position:

Date complaint received: Time complaint received:

Are you reporting your own concerns or responding to concerns raised by someone else? (cross as appropriate)

Reporting own concerns

Responding to concerns raised by someone else

If you are responding to concerns raised by someone else, please provide their name and position within the club/organisation/group:

Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:



Responding to complaints (page 2 of 4)

Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG

Tel: **01246 582322** | Email: gbco@gb-ministries.org | Web: www.gb-ministries.org

GB Ministries is the operating name of The Girls' Brigade England & Wales; a company limited by guarantee (No.206877) and a registered charity (No.206655).

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Complainant's account/perspective

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who shares the concerns:

Has there been a meeting to resolve the issue?

YES

NO

Who was involved?

What were the outcomes of the meeting?

How is the situation to be reviewed or followed up?

If appropriate, has the complainant been informed of their right to report to the authorities?

YES

NO

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If appropriate, have you informed the statutory child protection authorities?

Police: YES NO

Date: Time:

Name of person spoken to:

Phone number of person spoken to:

Local authority children's social care: YES NO

Date: Time:

Name of person spoken to:

Phone number of person spoken to:

GBM's Support Centre: YES NO

Date: Time:

Name of person spoken to:

Phone number of person spoken to:

Action agreed with child protection authorities:

What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:

If the concerns are not about child protection, details of any further steps taken to provide support to child and family, and any other agencies involved:

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To be signed, as appropriate, by all those who have had input into this form.

Name:

Position:

Date:

Time:

Signed:

Name:

Position:

Date:

Time:

Signed:

Name:

Position:

Date:

Time:

Signed:

Name:

Position:

Date:

Time:

Signed:

Name:

Position:

Date:

Time:

Signed: