



Complaints Entry Form (Help Desk or Office Visit)

Complaint Number

Date Received

Complainant Details

Name:

Office of Origin:

Feedback or Complaint in Detail

Complaint Code:

Response Due Date:

Complainant

Signed:

Name:

World Vision Staff

Signed:

Name:

Complaints Resolution Form

Complaint Resolution
Date:

Date Resolution Communicated
to Complainant:

Complaint Resolution in Detail

Complainant

Signed:

Name:

World Vision Staff

Signed:

Name:

Case Closed by World Vision Manager

Signed:

Name:

Suggestion Box Form

SECTION A: TO BE COMPLETED BY COMPLAINANT

Please complete only Section A of this form. Provide as much detail as possible about your feedback or complaint. You may file your complaint anonymously if you do not want to provide your name. However, not providing your name may make it more difficult to conduct a thorough investigation.

Complainant Details

Name:

Contact details:

Date:

Feedback or Complaint in Detail

Complainant

Signed:

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Suggestion Box Receipt

Receipt of Complaint Received

Complaint Number:

Received from:

Date received: Response Due Date:

Name of WV Staff:

Signature of WV Staff:

SECTION B: TO BE COMPLETED BY WORLD VISION STAFF

Complaint Number:

Complaint Code:

Date Received:

Complaint Resolution Date:

Date Resolution Communicated to Complainant:

Complaint Resolution in Detail

World Vision Staff

Case Closed by World Vision Manager

Signed:

Signed:

Name:

Name: