07459 119851



[info@talkingresolutions.co.uk](mailto:info@talkingresolutions.co.uk)

www.talkingresolutions.co.uk

**Complaints Mediation Referral Form**

Please complete all fields and email to [info@talkingresolutions.co.uk](mailto:info@talkingresolutions.co.uk). If you have any questions please contact us to discuss.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s**  **details** | | Name: | | |  | | | |
| Organisation: | | |  | | | |
| Dept: | | |  | | | |
| Tel numbers: | | |  | | | |
| Email: | | |  | | | |
| Date of referral: | | |  | | | |
| Purchase order number: | | | | |  | | | |
| **Person representing the organisation** | Name: | | |  | | | | |
| Department | | |  | | | | |
| Office tel: | | |  | | | | |
| Mobile: | | |  | | | | |
| Email: | | |  | | | | |
| **Complainant** | Name: | | |  | | | | |
| Address: | | |  | | | | |
| Postcode: | | |  | | | | |
| Tel numbers: | | |  | | | | |
| Email: | | |  | | | | |
| Does this person have any support needs? | | | | |  | | |
| Has this person agreed to mediation and confirmed they are happy for us to contact them? (Yes or no): | | | | | | |  |
| Nature of complaint: | | |  | | | | | |
| **RISK INFORMATION** | | | | | | | | |
| Does the complainant pose any risk to the mediators? | | | | | | |  | |
| **CONSIDERATIONS** | | | | | | | | |
| Please provide any information that may help mediators e.g. language barriers, best times to contact, etc. | | | | | | |  | |
| What action has already been taken in relation to the complaint? | | | | | | |  | |
| What are the anticipated outcomes from mediation? | | | | | | |  | |