07459 119851

info@talkingresolutions.co.uk

www.talkingresolutions.co.uk

**Complaints Mediation Referral Form**

Please complete all fields and email to 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? |  |