

Final Complaint Investigation File Note

Matter Number:	HIS001\41
Initial Compliant Handler:	Please Select
Final Complaint Handler:	Please Select
Date of Complaint:	
Matter Concerned:	
Fee Earner:	Please Select
Member of staff Concerned:	BENK
Department:	Please Select
Office:	Please Select
Complainant(S):	
Nature of Complainant:	Please Select
Complaint Type:	Please Select
Reported to the LeO:	Please Select
Potential PI claim:	Please Select
Complaint Details:	
Requested Remedy:	
Complaint Status:	Please Select
Initial Proposed Remedy:	Please Select
Initial Proposed Remedy Details:	
Reason for Rejecting Proposal:	
Final Proposed Remedy:	
Final Proposed Remedy Details:	
Internal Action Required:	Please Select
Notes:	