



**To be completed by Committee Member.**

**Proposed actions (if complaint is against individual include here response from individual)**

**Matter Resolved Y / N Signature of Complainant \_\_\_\_\_**

**Name of Committee Member who handled complaint \_\_\_\_\_**

If further action is required, please refer the complaint up through the Committee in accordance with the Foodbank Complaints Policy.

Once complaint is complete retain this form for official records.