



Rehabilitation and
Retraining Trust

PRRT Complaints Form CP2

Stage 2

Contact Details

Name:

Address:

Telephone No:

Details of Complaint:



Rehabilitation and
Retraining Trust

Summary of Action Taken to Resolve the Complaint:

I understand that a copy of this form may be provided to the member of staff who is the subject of the complaint and others who are directly or indirectly involved.

Signature:

Date:

Please return the completed form to: Head of Service, PRRT, Maryfield, 100 Belfast Road, Holywood, BT18 9QY

Date Complaint Received: