**FORMAL COMPLAINT ACTION PLAN –**      **complaint**

**Complainant: Investigating Officers:**

**Complaint(s) PLEASE SEE THE REPORTS**

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| --- | --- | --- | --- | --- |
| **Recommendation** | **Agreed Action** | **Person Responsible** | **Date to be completed** | **Date completed** |
| . |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NB. Completed action plans should be returned to [cutomer.relations@eastriding.gov.uk](mailto:cutomer.relations@eastriding.gov.uk) within 5 days of completion of agreed actions**