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

**Complainant: Investigating Officers:**

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

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

**NB. Completed action plans should be returned to cutomer.relations@eastriding.gov.uk within 5 days of completion of agreed actions**