

**STAGE 1 IMPROVEMENT PLAN
 FOLLOWING RESPONSE**

Appendix A

Name of Complainant: <P1Title> <P1Forename> <P1Surname>

Name of Service User: <P2Forename> <P2Surname>

Date complaint made: <P1Receipt Date>

(if different from complainant)

ISSUE IDENTIFIED	ACTION NEEDED	BY WHOM	BY WHEN	FURTHER ACTION NEEDED	SIGNED OFF BY (Manager)
				YES / NO	
				YES / NO	
				YES / NO	