

Reporting Party Details

Name of person raising issue		Telephone	
Relationship to caller/service user		Email	
Organisation name if applicable		Location/Branch if applicable	

Caller Details – The person affected by the service issue

Mr / Mrs / Miss	Forename(s)	Surname
Home address	Work address	GP name, address and telephone number (if relevant)
Employee's home telephone	Employee's mobile telephone Employee's email address:	Employee's work telephone

Background information/Additional Details

What service was the individual trying to access? (E.g. In the moment support call? Structured telephone counselling? Information and Signposting etc. etc.)	
What telephone number did the individual call to access the service?	
Date and time of call? If you do not have the exact date or time please note that an approximate is fine (please state if you are providing an approximate date and or time)	
Brief description of the service issue: E.g., was there a problem with receiving a call back or additional information? Was there an issue with the person who	

handled the call? Etc., etc.	
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Contact Arrangements

Unless otherwise stated, Education Support Partnership's Head Office and / or the service centre –will contact the employee via telephone to discuss any service breakdown and / or to set up services.

Which telephone number should we use? Home / Mobile / Work Can we leave a voicemail? Yes No

Feedback to third party / manager

This form allows Education Support Partnership's service centre to confirm to the manager that the employee contacted the service previously. It also allows the results of the investigation (as to whether a service breakdown has occurred) and any relevant information to the investigation be disclosed to the manager. Including what action(s) have been put into place if relevant. Signing this form does not authorise the disclosure of confidential information.

Confirmation of agreement of release of information related to the investigation

We can only accept handwritten signatures

Employee Signature Mandatory		Manager Signature Mandatory	
Date		Date	

Please email this form to servicedelivery@edsupport.org.uk