

**Form No. 5-103: Complaint Investigation Record**

**Carebridge Limited Complaint Investigation Record**

Complaint Reference Number: \_\_\_\_\_

Complainant Details:


Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Complaint Details:

Date Received: \_\_\_\_\_

Summary of Complaint:

Investigation Details:

Investigator Name: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Summary of Findings:

Actions Taken:

Resolution:

Date of Response to Complainant: \_\_\_\_\_

Resolution Details:

Follow-Up Actions:

Signatures:

Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_