Care and Social Services Inspectorate Wales

Concerns and Complaints Log

Part 1 (BSO to complete)

Details of Service and Contact

Date concern received		Time (if telephone call)		Person taking call	
				Person initiating log	
Name and address of contact				Tel. no.	
				E-mail	
Does contact wish to remain anonymous?	Yes ☐ No ☐			Is contact a Whistleblower?	Yes ☐ No ☐
Method of contact	Method of contact				
Preferred language	Welsh ☐	English ☐	Other		
Communication needs?	Yes ☐ No ☐	If yes, please give details			
Name and address of service				Is the service registered?	
				Yes ☐ No ☐	
				QA+ no.	
Name of service user					
Contact's relationship to service user			Select:		
Is service user making concern on their own behalf?			Yes ☐ No ☐		
Is service user aware of contact with CSSIW?			Yes ☐ No ☐		
Is service provider aware of contact with CSSIW?			Yes ☐ No ☐		
QA+ Concern no.					
Details of Issue					
Name of allocated/lead Inspector				Date passed to Inspector/ Area Manager	
Name of Area Manager					

Part 2 (Lead inspector to complete)

Analysis of issues

What are the issues?	
Primary Issue:	Enter issue
Issue 2:	Enter issue
Issue 3:	Enter issue
Issue 4:	Enter issue
Issue 5:	Enter issue

Analysis of Risk

Is there a risk to people using the service?	Yes ☐ No ☐	Level of risk	Enter Level of Risk
Is there a level of urgency?	Yes ☐ No ☐		
Is there a safeguarding issue?	Yes ☐ No ☐	If 'yes' enter type(s)	
Is this linked to a previous concern?	Yes ☐ No ☐	If 'yes' enter previous log no.	

Safeguarding details

Adult Protection Strategy Discussion	Yes ☐ No ☐	**Note:**		
Child Protection Strategy Discussion	Yes ☐ No ☐	**Note:**		
Did a strategy meeting take place?	Yes ☐ No ☐	Strategy meeting attended?	Yes ☐ No ☐	Date(s)

Decision Making

Name(s) of additional inspector(s)			
Contact informed of action	Yes ☐ No ☐	Date(s)	
Advice given/Details			

Action taken by CSSIW			
Initiate focused inspection	Yes ☐ No ☐	Inspection to be undertaken on:	
Initiate baseline inspection	Yes ☐ No ☐	Inspection to be undertaken on	
Scheduled inspection date brought forward	Yes ☐ No ☐	Scheduled date	
		Actual date	
Information to be considered within future inspection	Yes ☐ No ☐	Inspection planned for:	
Referred to other agency	Yes ☐ No ☐	Agency name and date referred:	
Advised contact to refer to provider	Yes ☐ No ☐	Date advised	
Concern referred to provider by CSSIW	Yes ☐ No ☐	Date referred to provider	
No further action by CSSIW	Yes ☐ No ☐		

Rationale for decision

Follow up Action

Contact informed of Action	Yes ☐ No ☐	Date informed		Method	
Contact informed of Outcome	Yes ☐ No ☐	Date informed		Method	
Contact provided with copy of inspection report	Yes ☐ No ☐	Date sent		Method	

Final Outcome/Closure on QA+

Select one option:

Inspector's Signature **I confirm I have considered and actioned this concern.**	**e-signature**	**Date:**

Area Manager's Signature **I confirm my agreement with the above actions and authorise closure of this concern.**	**e-signature**	**Date:**