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| **AUTO ESCALATION** |
| **Complainant Name:** |  |
| **COM Reference:**  |  |
| **Date of complaint:** |  |
| **Summary of investigation to date:** |
| **Based on your investigation, is this complaint justified or not?** **(please delete as applicable)** |
| Justified | Not Justified |
| **Reason for decision and policy terms relied upon:** |
| **Please provide details of your investigation below** **(if this is on a different document, please provide a copy)** |
| **Date** | **Event** |
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| **If you’ve started a timeline of the complaint, please detail this below****(if this is on a different document, please provide a copy)** |
| **Date** | **Event** |
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