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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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