

Complaint Form

Ref No

Part 1 - Your Details	
Name	Tel Number
	(daytime)
Address	Mobile

..... Email:

Signature

(PTO – office use)

Signature of Complainant

Part 2 – What has gone wrong? (Please provide as much information as possible about your complaint - what has happened, why you are dissatisfied, names, dates etc.)
(please continue overleaf if necessary)
Part 3- How would you like us to resolve the matter?
Completed by (if different from complainant)

Date.....

Date

Complaints Details (Continued)	
, , , , ,	
FOR OFFICE USE ONLY	
Received by	
Designation	
Date	
D 14 . /'C 1' 11 \	
Passed to (if applicable)	
Department	
Department	
Date	
Recorded on IBS	
Summary of what we did	
Sulfilliary of what we did	

(for publishing)