

# Complaint Form

Ref No



## Part 1 - Your Details

Name ..... Tel Number .....  
(daytime)  
Address ..... Mobile .....  
..... Email: .....  
.....

## 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.)

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(please continue overleaf if necessary)

## Part 3- How would you like us to resolve the matter?

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.....

Completed by (if different from complainant) .....

Signature ..... Date.....

Signature of Complainant ..... Date .....  
(PTO – office use)

Complaints Details (Continued)

<b>FOR OFFICE USE ONLY</b>	
Received by	
Designation	
Date	
Passed to (if applicable)	
Department	
Date	
Recorded on IBS	
Summary of what we did (for publishing)	