



**CONFIDENTIAL - COMPLAINT FORM**

**YOUR NAME AND CONTACT INFORMATION:**

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email : \_\_\_\_\_

**NATURE OF COMPLAINT:**

Continue overleaf or onto another sheet if necessary and attach to this form.

**What** has happened? If this has built up over time, please give full history.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When** did it happen? (day, date, time) \_\_\_\_\_

**Where** did it happen? \_\_\_\_\_

**What** was said or done by whom?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness(es): Please give name(s) and contact details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know or are you aware of any others who have been treated in a similar way or have been subject to a similar experience?

\_\_\_\_\_

Has a complaint been made before about this? Please give date and to whom made:

\_\_\_\_\_  
\_\_\_\_\_

What do you think we should do about this?

\_\_\_\_\_

**Signed** : \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_