

Complaints Form

(Please use capital letters throughout)

Name: _____ Membership N^o: _____

Address: _____
_____ Postcode _____

Tel N^o: _____

Collection Point: _____ Date & Time: _____

Subject of Complaint: _____

Brief details of Complaint: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date of receipt by Complaints Officer: ____/____/____

Posting date of acknowledgement: ____/____/____ **Ref N^o:** _____

Action taken by Complaints officer:

Respondent(s) reply:

CO'S Conclusions:

Date conclusion posted to complainant: ____/____/____

Outcome: _____

Name of CO: _____ CO signature: _____

Date complaint closed: ____/____/____