



## Complaints form

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*If you need help to complete this form please ask at reception or call 01903 703 100.  
We can call you back.*

Mr/Mrs/Miss/Ms (delete as appropriate)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Tell us about your complaint.

Date/s - \_\_\_\_\_

Time/s - \_\_\_\_\_

Name/s of staff or department involved - \_\_\_\_\_

Please tell us what happened?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has this impacted you?  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

How do you feel we could make things right?  
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