



COMPLAINT FORM

ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE.

YOUR NAME:

YOUR ADDRESS:

YOUR CONTACT DETAILS: HOME NO.....MOBILE/WORK NO.....

COMPLAINT DETAILS

PLEASE TICK.

Is your complaint against?

- | | | |
|-------------------------|------------------------------|-----------------------------|
| a) Member of staff | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| b) A contractor | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| c) A tenant / Neighbour | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| d) Other | yes <input type="checkbox"/> | no <input type="checkbox"/> |

Please write the nature of your complaint. It is important to be comprehensible, stating clear points why this is causing you concern. Please continue on a separate sheet if necessary.