

COMPLAINT FORM

**Complainant Details**

Name …………………………………………………………………………………………

Address & Post code …………………………………………………………………………………………

 …………………………………………………………………………………………

Telephone/ Mobile ………………………………………………………………………………………..

**Summary of Complaint**

**(what is it that you wish to complain about & the outcome you wish to achieve)**

|  |
| --- |
|  |

**Full Details of complaint**

Date …………………………………………………………………………..

Time …………………………………………………………………………..

Place …………………………………………………………………………..

Identify staff involved …………………………………………………………………………..

Please provide as much information as possible to help us understand your complaint.

Please focus on the facts as much as possible – please use another sheet if there is not enough space

|  |
| --- |
|  |

**Complainant’s signature** ……………………………………………………………………………

**Please return this form to**:

CEO, The Counselling and Family Centre , 40, Mayors Road, Altrincham,

WA15 9RP. Jo.allen@thecfc.org.uk

Office Use – Date received ………………………………………………………………………………….