



COMPLAINT FORM

ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE.

PLEASE COMPLETE OUR COMPLAINT FORM BELOW:

Your First Name:			
Your Last Name:			
Tenant Number:			
Address:			
Phone No: Home		Phone No: Mobile	
Email Address:			

COMPLAINT DETAILS:

Is your complaint against? Please tick ✓

a) Member of Staff YES NO

b) A Contractor YES NO

c) A Tenant / Neighbour YES NO

d) Other: Please give details

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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.

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