

## Complaint Review Request Form



*Please complete this form and return it to centre manager (or Clerk to the trustees), who will acknowledge its receipt and inform you of the next stage in the procedure.*

Your name: .....

Relationship with centre (e.g. client): .....

Contact number/e-mail address:  
.....

I submitted a formal complaint to the centre on ..... and am dissatisfied by the procedure that has been followed.

My complaint was submitted to ..... and I received a response from ..... on .....

I have attached copies of my formal complaint and of the response(s) from the centre.

I am dissatisfied with the way in which the procedure was carried out, because:

*You may continue on separate paper, or attach additional documents, if you wish.*

Number of additional pages attached:

What actions do you feel might resolve the problem at this stage?

**Centre use only:**

Date Form received:.....

Received by:.....

Date acknowledgement sent:.....

Acknowledgement sent by:.....

Request referred to:			
Date:			