

COMPLAINTS FORM

A member of LIFE staff can advise you on how to obtain help with completing this form or can help you themselves if you wish.

Name: 	
Address: 	
Telephone Number: 	
Email: 	
What is your complaint? <i>Please describe your complaint, giving as much information as possible, Including dates where relevant. Please continue on a separate sheet if necessary.</i> 	
How would you like your complaint resolved? <i>Please state, if possible, what outcome you would like to see.</i> 	
What is the best method to use to contact you? <i>(Please state the most convenient times for us to contact you and how you might like to be contacted e.g. Phone, e-mail, text, or meeting?)</i> 	
Signed:	Date:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>For Head Office Staff only: Complaint No:</i> <i>Date Acknowledged:</i> <i>Date of Investigation:</i> <i>Date Resolved:</i> </div> <div style="width: 45%; text-align: right;"> <i>Lead Officer:</i> </div> </div>	

Please send this form to LIFE Head Office. A copy will be kept in the Complaints File and you should keep a copy for yourself

