Appendix 1

Log Number:

/

BISHOPSGROVE COMPLAINT FORM

COMPLAINANT'S DETAILS

Title	Mr / Mrs / Miss / Ms
First Name	
Surname	
Address Line 1	
Address Line 2	
Address Line 3	
Phone (Home) Phone (Work) Phone (mobile)	
E-mail Address	

Details of complaint – please attach a separate sheet of paper, if required.

How would you like to see this matter resolved?

- Your complaint has been acknowledged and your log number is printed on top of the acknowledgement letter
- Your complaint will be investigated by ______
- The person investigating your complaint will reply within the set time (5 working days) unless your complaint is of a serious nature, when it will be dealt with as priority. Please note: action required to resolve the complaint may take longer than 5 working days, but you will be kept informed of progress

We want to make sure that we deal with everyone fairly. In order to do this we need to monitor our complaints procedure, ensuring no particular group is being treated in a discriminatory manner. Filling out the information below will help us to do this. Completing this section is totally optional. If you select to assist our internal monitoring, please tick the boxes, which apply to you.

Are you	Female Male			Age		25 or less 26 to 59 60+			
Are you are I	EU Citizen?	Yes		No					
Do you have	a disability?	Yes		No					
How would you describe your ethnic origin?									
Asian	African (Specify)		British/European Black Caribbean Mixed Race						
Signature of Complainant:						Date_			
Name (block	capitals)					_			

Are you a member of staff completing this form on behalf of the complainant?

Name Signature