FLINTWOOD COMPLAINTS FORM

Name of complainant: _____

Is this complaint regarding a Participant? **YES** (if yes please list below) **NO**

Relationship to Participant **Parent** / **Carer** / **Relative** / **Guardian**
Other (please specify) _____
_____

Nature of this complaint:_____

Reason for lodging this complaint:_____

Do you wish to discuss this complaint via telephone YES NO

If yes, what is the best time/ day to contact you?

Mon / Tues / Wed / Thurs / Fri

a.m. p.m

Please provide all details e.g. names, times, dates, places and attach any photos, witness statements, other documents where enabled.

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Complainant contact details: Tel No:_____

Complainant email address:_____