

Complaints Form

Please complete and return to staff at your project who will refer the complaint onto the relevant Line Manager. As per our Complaints Policy, you will receive a response within 5 working days.

Your Name:		Room No.:	
Your contact number:		Project:	
Date of complaint:			
Please give below details of your complaint			
What action, if any, have you already taken to try and resolve your complaint. (Who did you speak to and what was the response)?			
In your opinion, how can we resolve your complaint?			
Signature			

For IHS Use Only

Date received:		Date of DoH response (if appropriate)	
Date of PM response:		Date of CEO response (if appropriate)	

Please attach a copy of any written response to this form before filing