

COMPLAINT FORM

Client Contact Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	Please specify:
Surname				First name(s)		
Address including postcode						
Daytime telephone				Mobile telephone		
Email						

Information for the complaints handling partner

Name of solicitor	
Solicitor or case reference	

Detail of the complaint

Nature or detail of complaint (please give dates and examples if possible)			
Please select as appropriate	I am happy for you to deal with my complaint in writing	<input type="checkbox"/>	
	I would prefer you to arrange a meeting to discuss my complaint	<input type="checkbox"/>	
	I would like you to do the following to sort out my complaint	<input type="checkbox"/>	
	Please state:		
Your signature		Date	