

Roseheart Kingdom, Bucknell, Shropshire, SY7 0BN
Complaints Form

Your name:	Association / Society name & membership number:
Address:	
Daytime telephone:	Evening telephone:
Complained against:	Association / Society name & membership number:
1. Nature of the complaint:	
2. General summary:	
3. Specific incidents featured in the complaint (if any):	
4. Actions undertaken to address the situation (if any):	
Signature:	Date:

Please use the separate piece of paper below (attached) if required.

