**Complaints Form**

|  |  |
| --- | --- |
| **Date** |  |
| **Name** |  |
| **Organisation and Role** |  |
| **Address** |  |
| **Preferred Contact Telephone Number** |  |
| **Staff or team that complaint affects** |  |
| **Summary of complaint****(please include details of where and when issue occurred)** |  |
| **How would you like to see your complaint resolved?** |  |
| **Signed** |  |

**For internal use only:**

|  |  |
| --- | --- |
| **Acknowledgement** |  |
| **Investigation**  |  |
| **Response**  |  |
| **Action taken** |  |
| **Complainant informed** |  |
| **Date completed** |  |

Momentum part of Voluntary Norfolk, St Clement’s House, 2-16 Colegate, Norwich, NR3 1BQ