

Complaint Form

Section 1 – Complain	nant Details				
First Name		Surr	ame		
Address					
Contact Number		E-m	ail address	;	
If you are complaining on behalf of another person, please enter their details below:					
First Name			ame		
Address					
Contact Number		Ema	il address		
What is your relation	nship to the				
person who wants to	o complain?				
Have they agreed to	you making	_		_	
this complaint on th	eir behalf?		Yes	_ No	
Section 2 – Details o	f Complaint				
_	•	•		ou should include as much detai	
as possible e.g. times	s, dates, location	ns, names and po	sitions of p	eople involved.	
How has this affecte	d you/the perso	n on whose beha	f you are c	complaining?	
How has this affected you/the person on whose behalf you are complaining?					

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What would you like Fylde Community Link to do to resolve your complaint?				
Section 3 – Declarati	on and Signature			
I declare that to the l	pest of my knowledge, everything I have reported in this form is correct.			
Signature				
Date				
Please return this Con	nplaint Form to:			
Fylde Community Link				
19 Church Road				
Lytham				
Lancashire				
FY8 5LH				
I TO JLII				
Maria III and a standard	The transfer of the desire for the transfer of			
we will contact you w	ithin 5 working days of receiving your complaint with an initial response.			
F . Off: 11 - 5 :				
For Office Use Only				
Complaint Form rece	eivea by			
Signature				
Date received				

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