

Complaints Form

To be completed by the Complainant

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| Home-Start Staffordshire Moorlands | Complaint No.: |
| Name and Address of Complainant: | If the Complainant is acting on behalf of an adult member of a family please give the name and address of that person: |
| Name: | Name: |
| Address, including post code: | Address, including post code: |
| Telephone No.: | Telephone No.: |
| Details of complaint | |
| (continue on a separate sheet if necessary) | |

Signed:

Date: / /

When completed this form should be sent to:

The Organisers
Home-Start Staffordshire Moorlands
School Yard
Earl Street
Leek
Staffordshire
ST13 6JT