



COMPLAINT FORM

PLEASE NOTE THAT YOU MAY MAKE A COMPLAINT TO THE ASSOCIATION VERBALLY, IN WRITING, OR VIA THIS FORM.

A LEAFLET EXPLAINING THE ASSOCIATION'S COMPLAINTS PROCEDURES ARE ALSO AVAILABLE FROM OUR OFFICE.

Date Received: (office use)

Have you discussed your complaint already with the appropriate member of staff?

Yes

No

If Yes – please provide details of who you spoke to, and when this was:

Staff Member: Date:

Please give details of your complaint:

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(please continue on another sheet of paper should you require more space)

What action do you think the Association should take in order to resolve your complaint to your satisfaction?

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Do you require the Association to arrange any communication needs you may have, e.g. translation service?

Yes No

If Yes, please provide details:

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Name:

Address:

Signed: Date:

Hillhead Housing Association 2000 will use the information you have given us to administer matters relating to your complaint, and in accordance with the General Data Protection Regulation 2016.