

Complaint Sample Form

Reference No:

Full name:

By post: Please, provide postal address:

Contact Information and preferred method of communication

By Telephone:

Please, mark how do you want to be contacted (mail, telephone, e-mail)

By e-mail:

Description of Incident or grivance:

What happened? When did it happen? Who did it happen to? What is the result of the problem? Source and duration of the problem?

Date of incident/ grivance:

One time incident/ grievance (date_____)

Happened more than once (how many times? _____)

On-going (currently experiencing problem)

What would you like to see happen to solve the problem?

Signature:

Date: