**inHope Formal Complaint Form**

This form is to be used when a formal complaint is to be made.

**PLEASE USE BLOCK CAPITALS**

|  |  |
| --- | --- |
| Your Name / mobile / e-mail address |  |
| Complaint against |  |
| Nature of Complaint |  |
| Date(s) and Time(s) Event happened |  |
| Location(s) |  |
| Description of Event(s) | Please use reverse side if you need to write more. |
| Witness Name(s) / Mobile(s) |  |
| Sign and Date |  |

Please send your completed complaint form to the Charity’s offices at 32 Stapleton Road, Easton, Bristol, BS5 0QY. Please address your complaint to the CEO or the Chair of Trustees and mark the envelope as “private and Confidential”.

For Office Use only: Complaint reference number COMPLAINT/[surname]/[YYYYMMDD]: