COMPLAINTS PROCEDURE FORM 1

Ayr Housing Aid Centre endeavours wherever possible to listen to any complaints or suggestions and work with the users of our service to resolve any disputes amicably.

Name and address of service user

……

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Complaint/suggestion against

…….

Nature of complaint

……

Details……

……

……

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……

……..Please continue on separate sheet if necessary

Signed……..Date……

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RECEIPT

We, hereby confirm we have received your complaint on…….20……...and we will pass your complaint to the relevant party within our organisation. We hope to respond to you within 4 weeks.

This form is aligned with our Policy and Procedure Statement 6 which can be made available to you on request.

Signed…….……Date……