



COMPLAINTS FORM

Please fill in this form in BLOCK CAPITALS or typescript.
Please mark it **Private and Confidential** for the attention of The Office Manager.
We can help if you need information in a different format (for example, large print) then please contact us.

Section 1 – Your personal details	
Title (Mr Mrs Ms Miss Other)	
Full Name	
Address	
Post code	
Phone number	
Email Address	

Section 2 – Who and What is your complaint about?

Please state the name(s) of any specific individuals whom the complaint is about

If your complaint relates to the handling of a particular case :	
Please give our Case Reference Number (if known)	
Please give the names of the parties in the action	

When did the action which you are complaining about take place?

Please set out briefly the details of your complaint: continue on a separate sheet if required



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How would you like this complaint to be resolved?

Have you enclosed any copies of other documents? Yes No
(Please do not send original documents)

If 'Yes', please list the documents you have enclosed

When you have filled in this form please sign and date it

Signature

Date

Once completed please send it to: The Office Manager via email at Rachael.Duck@plowdenfacilities.co.uk
Or post your form to Parklane Plowden Chambers, 19 Westgate, Leeds, LS1 2RD

What happens next?

We will send you an acknowledgement within 2 working days of receiving the completed form and will inform you who is looking into your complaint within 14 days. We will contact you again within 14 days with a full reply or a report on the progress of our investigation.

Please keep a copy of this form for your records.