

COMPLAINT
NO

Appendix II to G005

COMPLAINTS & APPEALS PROCEDURE



Complaint or Appeal Report Form

Please be assured that we treat all complaints and appeals in confidence. We cannot however deal with anonymous complaints.

Your Name

Your Address

Telephone

Day :

Eve :

What do you think Arcon did wrong or failed to do ?

If you have suffered harm, loss, damage or inconvenience, please give details.

Continued Overleaf...



What do you think Arcon should do now ?

Have you taken any action so far or complained to anybody else? If so, please give details:

Signed :

Date :

To help us ensure we are providing services fairly to all groups of people, it is important for us to monitor the ethnic origin and sex of those people making a complaint or appeal.

Please tick the relevant boxes:-

Are you : Male Female

How would you describe your ethnic origin?

White British White Irish White Other

Mixed: White & Black Caribbean Mixed: White & Black African

Mixed : White & Asian Mixed : Other

Asian/Asian British: Indian Asian/Asian British : Pakistani

Asian/Asian British: Bangladeshi Asian/Asian British : Other

Black/Black British : Caribbean Black/Black British : African

Black/Black British : Other Chinese/Other Ethnic Group : Chinese

Chinese/Other Ethnic Group : Other Refused