



Complaint Form

Please read Patoss Information Sheets *Complaint Procedures* before completing this document. Return completed document marked Confidential to Chief Executive, Patoss, PO Box 10, Evesham, Worcs WR11 1ZW

YOUR DETAILS

Full name
Address
email address (optional)
Daytime telephone number (optional)
Evening telephone number (optional)

YOUR COMPLAINT

Name and address of Patoss member(s) you wish to complain about
Name
Address
Name
Address

Please briefly explain what you think the Patoss member has done wrong.
You can attach extra pages of explanation or evidence if you wish to.

How do you think Patoss can help you to resolve your complaint?

IMPORTANT INFORMATION ABOUT THE DATA WE COLLECT

In investigating your complaint, we shall need to collect information about you and anyone else involved in the claim from the Patoss member you are complaining about. This information will only be used for the purpose of investigating your claim and deciding what action we should take. If the complaint is referred to the disciplinary panel, members of the panel will have access to the information. The findings may be made available to interested parties.

I consent to the Patoss member I am complaining about providing information about me to Patoss and to Patoss using this information as part of the process of resolving the complaint.

YES

NO

Signature of Complainant

Date :