



COMPLAINT FORM

Please complete in block capitals (using black ink if possible)

1. Your details

Name _____

Address _____

_____ Daytime telephone number _____

Email address _____

2. Member's / Student's details

Name _____

Firm _____

Address _____

3. Have you taken your complaint up with the member / student? Yes No

Or with their firm? Yes No

If so, what happened? If not, why not?
