



Ref:
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**ABOUT YOUR COMPLAINT (continued)**

<b>When did the issue/incident happen? (please give date and time)</b>	
<b>Where were you?</b>	
<b>Tell us which (if any) members of staff or volunteers were involved</b>	
<b>If you are telling us about an incident, were other people involved or witnessed it?</b>	
<b>What would you like us to do to resolve your complaint?</b>	

**I confirm that this is an accurate record of my complaint:**

<b>Signed by person making the complaint:</b>		<b>Date</b>	
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**If a member of staff has completed this form**

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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To help us monitor our performance please complete this  
**EQUALITIES MONITORING FORM**

You do not have to provide this information, but if you do it will help us monitor that our complaints policy is applied to everyone equally. This sheet will be detached from the main complaint form and will be stored separately.

**GENDER:**

I am (please tick):

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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**AGE**

My date of birth is:

Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
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**NEIGHBOURHOOD**

My postcode is:

<input type="text"/>
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**ETHNICITY**

I am (please tick)

White British	<input type="checkbox"/>	Asian/Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian/Asian British - Bangladeshi	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Asian/Asian British - Chinese	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Mixed - white and Black Caribbean	<input type="checkbox"/>	Black/Black British - African	<input type="checkbox"/>
Mixed – white and Black African	<input type="checkbox"/>	Black/Black British - Caribbean	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Any other black Background	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian/Asian British - Indian	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

**NATIONALITY**

My nationality is:

<input type="text"/>
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**LANGUAGE**

My preferred language is:

<input type="text"/>
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**Internal Use Only – Performance Monitoring Form**  
(to be completed alongside the complaint form)

Please tick all relevant boxes.

Date initial complaint was received		Time	
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The initial complaint was made:

In person		By telephone		In writing/email	
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Name of person dealing with the complaint at the informal stage

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The complaint related to:

Safeguarding		Equality of opportunity	
Administration		Finance	
Illness or injury		Behaviour management	
Medicines		Bullying	
Food and drink		The physical environment	
Premises and security		A specific activity	
Trips out		A member of staff or volunteer	
Data protection		Management	
Social media		Other	
If Other please specify			

Date initial complaint was dealt with informally	
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Was the complaint resolved informally?

Yes		No		Not applicable	
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Name of the person dealing with the complaint at the formal stage

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Was the complaint resolved at the formal stage?

Yes		No		Not applicable	
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Names of members of the Appeals Panel

Chair		Independent Member
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Date of appeal panel meeting	
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Summary of the outcome of the appeal

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