

# COMPLAINT FORM

The Complaints Form should be used in conjunction with HideOut Youth Zone's Complaints Policy.



COMPLAINANT NAME:	
CONTACT NUMBER:	
EMAIL:	
ADDRESS:	

DATE OF COMPLAINT:	
COMPLAINT MADE BY:	<input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Verbally to a HideOut Staff Member*
*STAFF MEMBER NAME:	
COMPLAINT DETAILS:	
COMPLAINANT SIGNATURE:	
STAFF MEMBER SIGNATURE: (if applicable)	

Please complete the form in full and sign and email to [adam.farricker@hideoutyouthzone.org](mailto:adam.farricker@hideoutyouthzone.org) or post/deliver to the address below. HideOut Youth Zone will acknowledge receipt of the complaint within 3 working days:

Adam Farricker  
Chief Executive  
HideOut Youth Zone  
1 Queens Avenue  
Gorton  
M12 5PX