**COMPLAINT FORM**

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

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| --- | --- |
| COMPLAINANT NAME: |  |
| CONTACT NUMBER: |  |
| EMAIL: |  |
| ADDRESS: |  |

|  |  |
| --- | --- |
| DATE OF COMPLAINT: |  |
| COMPLAINT MADE BY: | 🞏 Email 🞏 Letter 🞎 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 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