

**Complaints Form**

Name:

|  |
| --- |
|  |

Address:

|  |
| --- |
|  |

Daytime Telephone Number (if applicable):

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

How would you like us to respond?

By letter 🞏

By email 🞏

By telephone 🞏

Personal visit 🞏

When is the best time to contact you?

Morning 🞏

Afternoon 🞏

Evening 🞏

Have you already discussed this matter with a member of staff?

No 🞏

Yes 🞏

If yes, please say who and when.

|  |
| --- |
|  |

What outcome or action would you like as a result of this complaint?

|  |
| --- |
|  |

**PTO**

We are sorry that you have felt it necessary to make a complaint about the work of Stoll, Complaints give us valuable information about how to improve our service, so please fill in the box below with details of your complaint, and we will do our best to sort it out as quickly and fairly as we can.

|  |
| --- |
| **Please tell us about your complaint.**  |
| Type of Complaint: |
| Date / time of Complaint |
| Location: |
| What happened?Please use another sheet if necessary. |

Signed Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please return this to a manager of the service concerned, or to our office, 446 Fulham Road, London SW6 1DT.

**This information will be kept in strict confidence.**

|  |
| --- |
| **For Office Use Only:** |
| Date Complaint Received: |  |
| Outcome of Investigation (please use another sheet if necessary): |

Tenant informed of outcome: Yes [ ]  No [ ]  Date:

Tenant satisfied with outcome: Yes [ ]  No [ ]  Date:

Investigating Officer:

Job title:

Further action required: Yes [ ]  No [ ]

Type of action required:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Investigating Officer Signature: |  |
| Date: |  |