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**WOMENS PIONEER HOUSING**

**COMPLAINT FORM STAGE 1**

**INFORMAL RESOLUTION**

Response should be made by staff member within 5 working days wherever possible but no later than 10 working days

Complainant’s name ……………………………………………………………………….

Address………………………………………………………………………….....................

Telephone Numbers …………………………….

…………………………….

Email address ……………………………………………………

**What are the details of the complaint**?

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**What would the complainant like us to do to put things right?**

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**Has this been reported before? YES/NO**

If yes, please provide details

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Signed …………………………………………………. Date………………………

Office use

Complaint received by (staff member):

Name …………………………………………….. Date …………………

Date scanned to Invu: ……………… Date copy sent to complainant: …………………

**Outcome**

1. Summary of our response to the complaint

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2. Was the complaint successfully resolved at this stage. If so, how?

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3. If not, did the complainant decide to make a formal complaint?

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