

**WOMENS PIONEER HOUSING**

**COMPLAINT FORM STAGE 2**

**FORMAL COMPLAINT**

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 you like us to do to put things right?**

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Signed ……………………………………………………… Date………………………

Office use

Complaint (stage 2) received by (staff member):

Name …………………………………………….. Date …………………

Date scanned to Invu: …………………………….

Date copy sent to complainant: …………………