

**WOMENS PIONEER HOUSING**

**STAGE 3 FORMAL COMPLAINT FORM**

**REQUEST FOR BOARD PANEL HEARING**

Target for response is five weeks from receipt of complaint form

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

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

Telephone Numbers …………………………….

…………………………….

Email address ……………………………………………………

**Why do you want the complaint heard by a panel?**

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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 3) received by (staff member):

Name …………………………………………….. Date …………………

Date scanned to Invu: …………………………….

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