Group Services Complaints Form

## 

## Your details

Surname:

First name(s):

Telephone number:

Address (incl. postcode) and / or email address for written response:

If someone is complaining on your behalf (e.g. carer, relative) please give us their details:

Surname:

First name(s):

Relationship to you:

Telephone number:

Address (incl. postcode) and / or email address for written response:

## Your complaint

**Which CAP service does your complaint relate to?**

▢ CAP Job Clubs

▢ CAP Life Skills

▢ CAP Fresh Start

**Please state the location of your CAP service (e.g. Bradford Central):**

**Please state the name of your CAP coach:**

**Please tell us what your complaint is about:**

|  |
| --- |

**Please tell us what you feel should / should not have happened:**

|  |
| --- |

**Please tell us what you would like us to do now:**

|  |
| --- |

Signature: …………………………………. Date: …………………...

Signature: …………………………………. Date: ……………………

NB: You need to sign this form, even if someone else is complaining on your behalf. This will demonstrate that you have given them your permission to complain on your behalf. If you are complaining jointly with someone else, they will also need to sign.

Please send this form directly to the Church Network team, Christians Against Poverty, Jubilee House 1 Filey Street, Bradford, BD1 5LQ. We will respond to your complaint within 14 working days, either in writing or by telephone.

Please tick to indicate if you have:

▢ enclosed copies of any correspondence you think is relevant to your complaint

▢ enclosed copies of other relevant information

▢ included everything you want to tell us about your complaint

We will use the details you have given us on this form to investigate and respond to your complaint. We may need to contact you for more information using your details provided. The details of your complaint will be held for one year from the date of the conclusion of your complaint in accordance with CAP’s data retention policy.