

For Office Use: InForm Ref

PLEASE COMPLETE IN FULL & RETURN TO RECEPTION

Complaint Form

Your name:

Your accommodation site and room number

Please indicate the member of staff, if you have discussed your complaint with staff previously:

Name of staff member.....

Nature of complaint (please tick)

Standard of service provided

Failure to provide an agreed service

Attitude or conduct of a staff member

ONE YMCA has not followed agreed procedure

Other (please specify)

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Date of initial complaint (if made at Stage 1):