## Complaints Information Collection Form

In order to efficiently respond to complaints about our organisation, we need to have accurate information about the person who is making the complaint and what has happened to cause them to be dissatisfied. This form has been designed to help you capture the information that the Central Complaints Panel will need to decide how to proceed with resolving the complaint in a timely and effective way. Please complete the form as fully as possible, and attach with it any additional information, including copies of letters, emails etc that relate to the complaint. Once complete, the form and any attachments should be sent to ABM admin email admin@abm.me.uk

If you require assistance with completing the form, please call our Administration office on 0844 412 2948 and we will be happy to help.

Thank you.

***ABM Central Committee***

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| **CONTACT DETAILS** |
| **First name:** |  | **Family name:** |  |
| **Address:** |  |  |  |
| **Telephone number:** |  |
| **Email address:** |
| **COMPLAINT DETAILS**Please tell us what happened, remembering to include relevant dates, times, places, and names of people involved, if known. Continue on a separate sheet if necessary. |
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| **COMPLAINT DETAILS CONTINUED**Please tell us what happened, remembering to include relevant dates, times, places, and names of people involved, if known. Continue on a separate sheet if necessary. |
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## Contacting Us

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## Alternative Formats

If you require this form in an alternative format, please contact admin@abm.me.uk and we will do our best to meet your needs.