

COMPLAINT FORM

This form can be used to submit a complaint to REFCOM. Please ensure that all other methods are explored prior to submitting a complaint. Please contact the REFCOM team on 01768 860409 for further guidance. Please complete all sections of the form prior to submission. Acknowledgement of receipt will be made in line with REFCOM's Complaints Policy as detailed at www.refcom.org.uk.

COMPLAINT TYPE (PLEASE TICK)

CUSTOMER
SERVICE

ACCREDITATION
PROCESS

AUDIT AND
INSPECTION

SCHEME
SPECIFIC

OTHER

CONTACT DETAILS

TITLE:

FORENAME AND SURNAME:

HOME ADDRESS (INCLUDING POSTCODE):

TELEPHONE NUMBER:

EMAIL ADDRESS:

PRINCIPAL CONTACT:

COMPANY NAME:

COMPANY ADDRESS (INC POSTCODE):

TELEPHONE NUMBER:

EMAIL ADDRESS:

DECLARATION

I declare that all of the information submitted is complete and correct to the best of my knowledge. I understand that once the complaint is submitted, no further information may be submitted unless written permission is provided. All complaints will be responded to and reviewed in accordance with REFCOM's complaints policy.

FULL NAME:

DATE:

SIGNATURE:

OFFICE USE ONLY:

DATE RECEIVED:

ACKNOWLEDGEMENT DATE:

COMPLAINT REF. NUMBER

OWNER

COMPLAINT DETAILS

- * Please make sure you have included all of the information you wish to be considered as part of your complaint.
- * Any relevant documentation you wish to be considered is enclosed.

A large rectangular area with a solid black border, containing horizontal dotted lines for writing.

