



Fundraising Complaint Form

	Position (eg Branch Secretary):	
Details of co	omplaint	
Telephone:	Email:	
	Postcode:	
Address:		
Surname:	First name:	
Details of co	omplainant	
must be within 14 day	vs of receipt)	
Date complaint ac	cknowledged:	
Date complaint re	eceived:	
	nplaint	
Dates of cor		

Notes on any actions taken

Please attach letters from the complainant, dates and any materials that may be relevant.

Action (letter, phone call, email, etc)	Date	Completed by (name)	

Please complete and return, with all relevant correspondence, to the **Complaints Coordinator**:

- For complaints in **England and Wales** MS National Centre, 372 Edgware Road, London, NW2 6ND.
- For complaints in **Northern Ireland** The Resource Centre, 34 Annadale Avenue, Belfast, Northern Ireland, BT7 3JJ.
- For complaints in **Scotland** MS Society Scotland, Ratho Park, 88 Glasgow Road, Ratho Station, Edinburgh, EH28 8PP.

In the course of processing this complaint these details will be stored on a secure database at the National Centre and not used for any other purpose or passed onto any third parties.