



Fundraising Complaint Form

Branch name: _____

Dates of complaint

Date complaint received: _____

Date complaint acknowledged: _____

(must be within 14 days of receipt)

Details of complainant

Surname: _____ **First name:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Email:** _____

Details of complaint

Signed: _____ **Position (eg Branch Secretary):** _____

Date: _____

Please turn over to keep a record of actions taken.....PTO

