Text

Description automatically generated

**Customer Complaint Form – General\***

**Forms can be or emailed to Dirin Hamakarim at** [**Dirin@watfordwomenscentre.org.uk**](mailto:Dirin@watfordwomenscentre.org.uk)

**or Fiona Miller at** [**Fiona@watfordwomenscentre.org.uk**](mailto:Fiona@watfordwomenscentre.org.uk)

**Alternatively, contact 01923 816 229**

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| --- | --- |
| **Customer Information** | |
| **Customer Name:** | **Customer Mobile Number:** |
| **Customer Address:** | **Customer Email Address:** |
| **Services Used: (tick as appropriate**   |  |  | | --- | --- | |  | **Careers Advice including Job Club** | |  | **Counselling** | |  | **Courses** | |  | **Domestic Abuse Support**  **inc. Signposting to Legal Advice** | |  | **Relationship Support (My Ally)** | |  | **Reception** | |  | **Other** | | |

|  |  |
| --- | --- |
| **Complaint Information** | |
| **Details of Complaint:** | |
| **Date of Complaint:** | **Signed:** |

|  |  |
| --- | --- |
| **Office Use** | |
| **Date Complaint Received:** | **Complaint Assigned To:** |
| **Stage 1 Resolution Description:** | |
| **Further Action Required?**   |  |  | | --- | --- | |  | **Yes** | |  | **No** | | |
| **Stage 2 (if applicable)**  **Date:** | |
| **External (if applicable)**  **Date:** | |
| **Date(s) of Resolution/stage:** | **Date (s) Client Notified:** |
| **Signed:** | **Printed:** |