**Appendix One – Complaints Form**

|  |  |
| --- | --- |
| **Reference Number (for office use only)** |  |

**Your Details:**

|  |  |
| --- | --- |
| **Date** |  |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone Number** |  |
| **Email Address** |  |

**Complaint Details:**

|  |
| --- |
| **Please give full details of your complaint below, including names and dates where appropriate.**  |
|  |

**Outcome:**

|  |
| --- |
| **If known, please state what you would like to happen to resolve your complaint.** |
|  |

**Thank you for completing this form. Please email it to** **complaints@moveitorloseit.co.uk**

**You will receive an acknowledgement within 7 days of receipt of this form.**

|  |  |
| --- | --- |
| **Print Name** |  |
| **Signature** |  |
| **Date** |  |