

MK CHRISTIAN FOUNDATION

Complaints Form

If you intend to make a formal complaint about the delivery and quality of services received or any other matters relating to Milton Keynes Christian Foundation, you should use this form to put forward your complaint. Before completing this form please ensure you have read the Complaints Procedure. You should expect an acknowledgement within 5 working days and will be informed of the outcome of your complaint as soon as possible following a through investigation.

Please note that all complaints are dealt with in confidence, we cannot however deal with anonymous complaints.

This form should be sent to the manager of the team or enterprise to which the complaint relates. Please keep a copy of this form for your records, along with any materials you submit.

If you would like assistance with the completion of this form please let us know.

YOUR DETAILS					
Name:					
Address:					
Contact Telephone Number:					
What is your relationship with Milton Keynes Christian Foundation?	Service User –	Trainee		Employee	
	Service User – Other			Volunteer	
	Customer				
	Other	Please sp	ecify:		
NATURE OF THE COMPLA	NT				
Please set out below the main points of your complaint					
Trease see out selon and main points of your complaints					
Use an additional sheet if necessary					



OUTLINE OF THE ACTION	YOU HAVE TAKEN SO FA	AR		
With whom was it discussed:				
Date discussed:				
Please outline the steps you ha	ave already taken to resolv	e your complaint informally:		
not yet been resolved:	action taken so far and exp	plain why you believe the matter has		
DESIRED OUTCOME Please describe the action you would like to see taken in order to resolve the complaint to				
your satisfaction:		· · · · · · · · · · · · · · · · · · ·		
DECLARATION				
I believe that the above informulae passed on to Directors or p		rm that details of this complaint can y Project Worker.		
Signature:	Date:			
Please list any documentary evidence attached and make sure you keep a copy (e.g. any correspondence, list of dates when events occurred, or other documentation related to your complaint)				
FOR OFFICE USE ONLY:				
Complaint log number:				
Acknowledgement sent:				
Reply Sent:				
Complaint forwarded to depart /person concerned:	ment			
Response received:				
What action is now needed:				