

CORK FOYER COMPLAINT FORM

COMPLAINANT'S DETAILS

Title Mr / Mrs / Miss / Ms

First Name

Surname

Address Line 1

Address Line 2

Address Line 3

Phone (Home)

Phone (Work)

Phone (mobile)

E-mail Address

Details of complaint – please attach a separate sheet of paper, if required.

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How would you like to see this matter resolved?

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- Your complaint has been acknowledged and your log number is printed on top of the acknowledgement letter
- Your complaint will be investigated by _____
- The person investigating your complaint will reply within the set time (5 working days) unless your complaint is of a serious nature, when it will be dealt with as priority. Please note: action required to resolve the complaint may take longer than 5 working days, but you will be kept informed of progress

We want to make sure that we deal with everyone fairly. In order to do this we need to monitor our complaints procedure, ensuring no particular group is being treated in a discriminator. Filling out the information below will help us to do this. **Completing this section is totally optional. If you select to assist our internal monitoring, please tick the boxes, which apply to you.**

Are you	Female	<input type="checkbox"/>	Age	25 or less	<input type="checkbox"/>
	Male	<input type="checkbox"/>		26 to 59	<input type="checkbox"/>
				60+	<input type="checkbox"/>

Are you are EU Citizen? Yes ☐ No ☐

Do you have a disability? Yes ☐ No ☐

How would you describe your ethnic origin?

Irish	<input type="checkbox"/>	British/European	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Mixed Race	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	_____	

Signature of Complainant: _____	Date _____
Name (block capitals) _____	

Are you a member of staff completing this form on behalf of the complainant?

Name	Signature
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