

Complaint Procedure

Centre for ADHD & Autism Support

Charity Number 1193799



Client Complaint Form

All personal details remain CONFIDENTIAL

Complaints will be acknowledged within 5 working day of receipt and we aim for resolution within 20 working days.

Name:	
Address:	
Contact Number:	
Email Address:	

Date of Incident:	
Time of Incident:	
Location of Incident:	
Summary of Complaint:	

Witness Details (if applicable)	
Name:	
Phone Number:	
Email:	

As a result of making this complaint, is there any outcome you would like?

(Please circle): Yes No

If yes, please provide details:

Signed:

Date: