



Customer Complaints Form

All sections marked with an * must be completed before submitting.
All details included in the form will remain CONFIDENTIAL.

| Personal Details | |
|-----------------------------|----------------------|
| First Name*: | <input type="text"/> |
| Surname*: | <input type="text"/> |
| Employer/Pension provider*: | <input type="text"/> |
| Address: | <input type="text"/> |
| Post Code: | <input type="text"/> |
| Phone no.: | <input type="text"/> |
| Email: | <input type="text"/> |

| Complaint details | |
|--|---|
| Date of incident*: | <input type="text"/> |
| Time: | <input type="text"/> |
| What is your complaint about? (Please tick one)* | <input type="checkbox"/> Payroll Giving <input type="checkbox"/> Options Account <input type="checkbox"/> Other |
| Please describe your complaint in detail below*: <input type="text"/> | |
| How would you like this issue to be resolved? <input type="text"/> | |
| Print Name: | <input type="text"/> |
| Signed*: | <input type="text"/> |

On completion, please return this form to **Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock, Devon, PL19 0NS**
or email to mail@charitablegiving.co.uk

All correspondence will be acknowledged within 5 days of receipt. If not, please call us on 01822 611 180.

| For office use only: | | | | | |
|----------------------|----------------------|----------------|----------------------|---------------|----------------------|
| Date received: | <input type="text"/> | Date resolved: | <input type="text"/> | Complaint No: | <input type="text"/> |
| Resolution: | <input type="text"/> | | | | |
| Resolved By: | <input type="text"/> | Signature: | <input type="text"/> | | |

