



# 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\*:  Surname\*:   
Employer/Pension provider\*:   
Address:  Post Code:   
Phone no.:  Email:

## Complaint details

Date of incident\*:  Time:   
What is your complaint about? (Please tick one)\*  Payroll Giving  Options Account  Other  
Please describe your complaint in detail below\*:

How would you like this issue to be resolved?  
  
Print Name: \_\_\_\_\_ Signed\*: \_\_\_\_\_

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](mailto: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:  Date resolved:  Complaint No:   
Resolution:   
Resolved By:  Signature:

