
APPENDIX ONE – COMPLAINTS FORM

Lincoln Women’s Aid COMPLAINTS FORM

Please tell us the details of your complaint

Please tell us what you feel should / should not have happened

Please tell us what you would like us to do now

Your name _____

Your telephone number _____

Your address _____

Is it all right to contact you here? Yes / No
If your answer is 'No', how can we contact you?

Thank you for completing this form. Send it to Admin Team, Lincoln Women’s Centre, 2nd Floor, Brook House, 32-33 Silver Street, Lincoln. LN2 1EW and mark your envelope CONFIDENTIAL.