



YMCA Bournemouth Housing Complaints Form

Name of person		Resident / Public / Other	
making complaint:		Service / Staff	
Address:			
Name of person		Resident / Public / Other	
recording complaint:		Service / Staff	
Connection to person			
making the complaint:			
Complaint recorded:			
Date	Time	Location	
Incident occurred:			
Date	Time	Location	
		I	
Complaint is about:			
Details of complaint:			
		_	

Signed:	Date:	
Signeu.	Date.	
Ι.	Action taken so far, if any:	
What action do you feel should be taken:		
	•	
Manager's comments/outcome:		
Signed:	Date:	
Sibilea.	Date.	