



turn a frown upside down

Comment and Complaint Form

Please use this form to register your comment or complaint about our services. Please write clearly and with dark ink, as the form will be photocopied.

Personal Details (we need this so we can reply to you)

Full Name.....
Address.....
Postcode..... Telephone.....

PLEASE DETAIL YOUR COMMENT OR COMPLAINT ON PAGE 2

Have we already heard from you? YES / NO (*please circle*)

If you have already spoken to someone from Befriend A Child about your complaint, please tell us who this person was and when you spoke to them.

Name of staff member.....

Date when you spoke to them.....

What would you like us to do?

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If you have a complaint about a member of staff or a volunteer, please tell us what reasonable steps we could take which would satisfy you

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