Complaint and Appeal Form



For further information please refer to the North West Offroad (NWO) Complaints and Appeals Statement (QMS 2)and supporting procedure (QMS 3.5).

Personal Details										
Title	☐ Mr. ☐ Mrs. ☐ MS ☐ Miss ☐ Other (please specify)									
Surname			First Name							
Postal Address										
			Postcode							
Home Phone			Work Phone							
Mobile Phone			Fax							
Email Address										
Iam	Staff Customer Contractor Supplier									
	Other									
Please indicate which is applicable										
Reason for Complaint /Appeal										
☐ Services Pro	ovided	☐ Staff Behaviour		☐ Components						
☐ Facilities		☐ Discrimination		☐ Other (Please identify)						
	ntent/Information	☐ Privacy	Breach							
	complaint / Appeal									
Outline the nature of the complaint/or indicate cause for appeal. Identify if any steps have been taken to resolve this issue?										
identify if any ste	эрs nave been taken	to resolve th	is issue?							

Complaint and Appeal Form



What action would you like to see occur to support resolving the issue?													
Witnesses / Support (if applicable)													
The following person (s) were witness to this issue and have agreed to provide additional information													
Name					Name								
Address	_				Address								
Phone					Phone								
Signature					Signature								
Declaration													
I confirm that I have reviewed and understand the NWO, Complaints & Appeals Statement. I declare that the other party to the complaint may be contacted in an attempt to resolve the issues. I agree that NWO may conduct independent consultation and that I may be required to submit further information upon request and may be required to attend a meeting to discuss this matter further.													
Signature				Date									
Administration Use													
Received by					•		Managed by						
Name		Name		Na		Vame							
Signature		Initial			Sig								
Date			Date		Da		Date						
Acknowledged and Signatu		ıro			_	Date							
letter sent by:						Jaic							
Actions / Ou	itcom	es											
Date		Action		(Outcome								
Outcome at end of process													
Outcome advised to all parties			Signature				Date						
Complainant advised of options			Signature				Date						
Complaint Closed		Signature				Date							