



CONFIDENTIAL

EDEN HOUSING ASSOCIATION

COMPLAINTS FORM

Name

Address

Phone *Home*

Number *Work*

Postcode

Details of your complaint (please continue on a separate sheet if necessary)

Please tell us if you suffered harm, loss, damage or inconvenience

What should we do now about your complaint?

How could we avoid this happening again?

Signature

Date

When completed, please send this form to Eden Housing Association, Blain House, Bridge Lane, Penrith, CA11 8QU. We will acknowledge receipt of your complaint within 2 working days and respond in full within 10 working days.

We will do what is reasonable to provide information in alternative formats on request, including tape, Braille, large print and translations. If we encounter difficulties in meeting your request, we will discuss the best solution with you.

FOR OFFICE USE

Date Received

Reference Number

Date Acknowledged

Dealt with by