ST MARY'S COMPLAINT FORM

DETAILS OF PERSON MAKING COMPLAINT

Name: …….

Address:……
…….

Telephone Number: _ _ _ _ _ _ _ _ _ _ _ _

Name of Interpretation service: …….
Name of Interpreter: …….

COMPLAINT INFORMATION

(*Please use a separate sheet of paper if needed and attach it to this form)*

Signature of person making complaint: ……

Date: _ _ / _ _ / _ _ _ _

STMARY'S STAFF USE ONLY

Date received: _ _ / _ _ /_ _ _ _ Initial response by: …….
Date of response: _ _ /_ _ /_ _ _ _

Details of response:

Further followed up by: ……. Date: _ _ / _ _ /_ _ _ _

Details of further follow up: ……..

This Form is to be returned to: Complaints Officer, St Mary's Office, 255 Old Marylebone Road, London, NW1 5QT

Email: complaints@stmaryslondon.com