



**MINISTRY OF STORIES**

**Complaints Form**

**Ref. no.**

Your Name\*: \_\_\_\_\_

Your Address \_\_\_\_\_

Telephone / Email: \_\_\_\_\_

What is your relationship to Ministry of Stories (e.g. parent of child attending one of our clubs)?

\_\_\_\_\_

Please provide details of your complaint below, providing as much detail as possible (including dates and people involved if relevant) and continue on the back page if needed.

**\*ANONYMOUS COMPLAINTS** - We understand that it might feel difficult for you to complain, but please be assured that we treat all complaints in the strictest confidence and that it is your right to complain. If you do not provide us with a contact name or address, it will not be possible for us to get back to you with the outcome of any work or further investigation.

Thank you for taking the time to fill out this form. Please hand this into a staff member of Ministry of Stories. We will get back to you **within one week** to let you know who is handling your complaint and when you can expect a reply.

Your Signature:

Date:

Name of Ministry of Stories representative who received form:

Date:

Complaint continued....

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