

Charity Commissioner

Complaint Form

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

1 Your details

2.1 Title Mr Mrs Miss Ms Mx Other (state)

2.2 First name (or names)

2.3 Surname or Family name

2.4 Address

Post code

2.5 Day time phone number

2.6 Mobile phone (if different)

2.7 Email address

How would you like us to contact you about your complaint?

3. A brief description of your complaint

4. Details of the relevant Charity

4.1 Charity registered as general restricted historic

4.2 Name of the Charity

4.3 Date of registration

4.4 Role of Charity

Please sign and date here:

Signed

Date:

Please check the following:

1. Read the form and make sure the information given is correct and truthful, and that you have not left out any information which you feel may be relevant to your complaint.
2. You may include any relevant document to this form
3. Keep a copy of your form and supporting documents for your own records.