Greenwich Toy & Leisure Library Association Complaints Form

To proceed with a complaint please complete this form and return to the Services Manager of Greenwich Toy & Leisure Library Association. This form will enable the complaint to be dealt with appropriately.

Your name:	
Your contact telephone number:	
Your e-mail address:	
Your Address:	
Postcode:	
	special needs we need to bear in mind when we are int and communicating with you.
Date & Time Incident Occ	urred:
	r complaint, stating names of staff wherever e on a separate sheet if necessary

If you have already verbally spoken to the staff member regarding your complaint please give the name of staff:	
What do you think should be done to put things right?	
Please note that in investigating your complaint Greenwich Toy & Leisure Library	
Association may require to provide any named persons with details of the complair so as to give them a fair opportunity to respond.	
Your signature:	
Date:	
For Office Use	
Date Received:	
Date Acknowledgement Sent:	
Date Outcome of investigation Communicated to complainant:	
Outcome of the complaint:	
Chair Signature:	
Date:	