



COMPLAINT FORM



Would you like to submit this form anonymously?

Yes No, I am happy to provide my details

All complaints will be treated with the utmost confidentiality (except where Youth Insearch deem it is necessary to disclose the complaint for the purpose of dealing with it effectively) disclosure will be no wider than is strictly necessary.

First name	
Last name	
Email (Optional)	
Phone number (Optional)	

Is this submission on behalf of a young person or made by a young person?

Yes No

What is your complaint about?

Resource Program/Initiative Interaction Other

Tell us about your complaint.



What outcome would you like to see as a result of your complaint?

A large, empty rectangular box with a black border, designed for the respondent to write their answer to the question above.