

Complaints Form

(To be completed by member of staff, at request of complainant)

Complainant Details	
Name:	
Address:	
Contact No:	
Signature:	
Do you want the Association to deal directly wi	th someone acting on your behalf?
Yes / No	
If yes, please ask your helper or advisor to fill i	n the section below:
My relationship to the complainant is:	
My address is:	
Telephone No:	
Signature:	
1) The complainant has been offered assistant	nce by Association staff to complete this
form: Yes / No. 2) The complainant has accepted this offer Y 3) The member of staff has read the record of the complainant has accepted the record Y 1.	f the complaint to the complainant, and
Complainant: Signature:	Date:
Staff Member: Signature	Date:

DETAILS OF COMPLAINT

Please give details of your complaint below (Attach a separate sheet if required). Remember to include dates, times, names and any other relevant information	
Places list below any supporting desumentation which you are including with your	
Please list below any supporting documentation which you are including with your complaint.	

What action would you like the Association to take to help resolve your complaint?
DATA PROTECTION
In order to investigate your complaint and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act and General Data Protection Regulations 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note that we may share personal data with other organisations where appropriate.
Please tick the box to confirm that you have read the Data Protection information above and
are consenting to NB Housing processing your personal data.
Please return the completed form to:
NB Housing Gatelodge
8 Flax Street
Belfast BT14 7EQ
Or email to info@nb-housing.org