



Complaints Form

Your details

Name:	
Contact details:	

Your complaint

Please give the details of your complaint below, clearly stating what your complaint is, who it is against, and why you feel it necessary to complain. Use a separate sheet if necessary.

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What do you think Cavernoma Alliance UK can do to do put things right?

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Signature:		Date:	
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The information you give will be held and processed in paper and/or computer files for the purpose of looking into your complaint and will be shared with The Trustees of Cavernoma Alliance UK as appropriate to investigate the issue that you have raised.