



# Complaint Form

Client Information	
Name:	
Address:	
Telephone number:	
Email:	

Complaint Information	
Complaint date:	
Name of person you first reported your complaint to:	
Complaint details:	
Describe how the issue of your complaint has affected you:	
Describe a preferred way of dealing with your complaint:	

Please return this completed form to: [feedback@cicwellbeing.com](mailto:feedback@cicwellbeing.com)