

COMPLAINTS FORM

Please fill in this form in BLOCK CAPITALS or typescript.
Please mark it **Private and Confidential**
FAO The Senior Team.

 **ZENITH**
C H A M B E R S
10 Park Square, Leeds,
LS1 2LH
Tel: 0113 245 5438
www.zenithchambers.co.uk

We can help if you need information in a different format (for example, large print). Please phone us on 0113 245 5438.

SECTION 1 - PERSONAL DETAILS

Your name Mr Mrs Ms Miss Other

First Name Surname

Address
(including postcode)

Phone Number Work Home
Mobile

Which number would you prefer us to use? Work Home Mobile

Email address

SECTION 2 - WHO & WHAT IS YOUR COMPLAINT ABOUT?

Please state the name(s) of any specific individuals whom the complaint is about

If your complaint relates to the handling of a particular case:

Please give our Case Reference Number (if known)

Please give the names of the parties in the action

When did the action which you are complaining about take place?

If this is more than six months ago, please say why there has been a delay in making the complaint.

COMPLAINTS FORM CTND...

Please set out briefly the details of your complaint: continue on a separate sheet if required

How would you like this complaint to be resolved?

Have you enclosed any copies of other documents?

Yes

(Please do not send original documents)

No

If 'Yes', please list the documents you have enclosed.

When you have completed this form, please sign, date and send to:

The Senior Team
Zenith Chambers
10 Park Square East
Leeds
LS1 2LH

Signature: _____

Date: _____

What happens next?

We will send you an acknowledgement within 3 working days of receiving the completed form and will inform you who is looking into your complaint. We will contact you again within 28 days with a full reply or a report on the progress of our investigation.

Please keep a copy of this form for your records.