**ASSOCIATION FOR REAL CHANGE**

**NORTHERN IRELAND**

**COMPLAINTS FORM**

|  |
| --- |
| **Your Name** |
| U1pex-r17pMcvzL8G3VSfiyYRlpykelJ-EtcoMU1w7pV0k6PaKjJgsMLo6wdoS3FWGfFEcd-1uavJrq3mrZiDPHpMyse4ByVTj8uTb8J4NVyDJSJYZ58y19Sfvuk7ktdi4sY0GojeRY0Yp0KLw |  |
| **Your address and postcode** |
|  |  |
| **Your telephone number** |
|  |  |
| **Your email address** |
|  |  |
| **This is a:**Please tick | **Complaint ☹** **[ ]**  | **Compliment ☺[ ]**  | **Suggestion 💡 [ ]**  |

**Please write about what you want to tell us.**

Continue overleaf and on a separate sheet if necessary

|  |
| --- |
| **Your signature** |
| lGQl_qxPaxqpEZvfkzRR3gAcLRpmetUu3pvRRnSpzRDmbN-SIEyWfJS9_NenC1ufjPwRDeRcrhmTGMXz1fKumDC15YpscYg7r-88WqiKWLi3ENQ8qHB9mS06nBpuHYAufs6wuwgLjq__thHn6g |  |
| **Date** |
| O7C4oRCyFtgP77FAdEyB1s2qIafdKU2i_6FuCbbNjjL3iUdxEsPr908YJj9qhATtt6TzhIXO3FULn0VnLYwDmBpVFPxHKGEV9YHJvCLqoWZD6RTZ3JKZt5zsbXUUAGs9HpFwHuBaySEDjglLjw |  |

FOR OFFICE USE ONLY

Date received at ARC (NI), Belfast Office: / /

Actioned by: / /

Date complainant informed of the complaint outcome: / /