

Complaint form

Please fill out this form as accurately as possible. Try to stay objective and give as much detail as you think is necessary. If you are filling out this form on behalf of someone else, ensure you have their permission.

1.	Your d a.	letails (person filling out the form if not the complainant) Title: Mr / Mrs / Ms / other Surname
	b.	First name(s)
	C.	Phone number
	d.	E mail address
	e.	Address
	f.	How would you like to be contacted?
2.	If you	are making the complaint on behalf of someone please enter their details below.
	a.	Full name
	b.	Address
	C.	What is your relationship to them?
3.	About	your complaint
	a.	During which camp did the issue arise (name of school, group, or holiday program)?
	b. _	What exactly happened?



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с.	How has it affected the co	omplainant?	
d.	d be done to put the matter right?		
e.			
ſ	whom you complaint and	when.	
f.	Signature complainant:		
g.	Signature if you are makin	ng complaint on someone else's behalf:	
	•		
	P. I.		
h	Data	•	

Thank you for your time and bringing this to our attention. Please send this form to office@finlaypark.co.nz