

Complaints Form

Community Foundation Ireland

A: Your details (in block capita	als)
Forename(s):	
Surname:	
Title:	
Address:	
Your email address:	
Daytime phone number:	
Mobile number:	
Please state by which of the above	e methods you would like us to contact you:
this in on behalf of someone else	problem should normally fill in this form. If you are filling, please fill in section B. Please note that we will need to e authority to act on behalf of that person.
B: Making a complaint on bel	nalf of someone else - His or her details. (in block
capitals)	
Their name in full:	
Their address:	
What is your relationship to them?	?
Why are you making a complaint	on their behalf?



C: About your complain			your	answers	to the	following
questions on a separate s						
Please give clear, detailed in have discussed the issue with					ıcluding	whether you
Trave discussed the issue wit	ii tile person	iiivoiveu iii	the co	пранс.		
If you have any documents t	o support vo	ur complain	ıt. pleas	se attach tl	hem to tl	his form
If you have any accuments to	о зарроге ус		ic, pica			
Signature:						
Date:						
If you dealt with The Commun	nity Foundation	on Ireland s	taff me	ember, plea	se note	their name
here:						
And then return this form by	email or post	•				
	oman or poor					
info@foundation.ie						
The CEO,	d					
Community Foundation Irelan 30 Merrion Square North,	u,					
Dublin,						
D02 VE40						