

## Complaints Form

### Community Foundation Ireland

#### A: Your details (in block capitals)

Forename(s):	
Surname:	
Title:	
Address:	
Your email address:	
Daytime phone number:	
Mobile number:	

Please state by which of the above methods you would like us to contact you:

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The person who experiences the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that we will need to satisfy ourselves that you have the authority to act on behalf of that person.

#### B: Making a complaint on behalf 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 complaint: Please continue your answers to the following questions on a separate sheet if necessary**

Please give clear, detailed information in relation to the complaint, including whether you have discussed the issue with the person involved in the complaint.

If you have any documents to support your complaint, please attach them to this form.

Signature:

Date:

If you dealt with a Community Foundation Ireland staff member, please note their name here:

And then return this form by email or post:

info@foundation.ie

Governance and Compliance Manager  
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