

Community Foundation Ireland

Complaints Form

| 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 m | ethods you would like us to contact you: | |
| | | |
| 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 s | comeone else - His or her details. (in block capitals) | |
| B: Making a complaint on behalf of s Their name in full: | someone else - His or her details. (in block capitals) | |
| | someone else - His or her details. (in block capitals) | |
| | someone else - His or her details. (in block capitals) | |
| Their name in full: | omeone else - His or her details. (in block capitals) | |
| Their name in full: | someone else - His or her details. (in block capitals) | |
| Their name in full: | omeone else - His or her details. (in block capitals) | |
| Their name in full: | someone else - His or her details. (in block capitals) | |
| Their name in full: Their address: | someone else - His or her details. (in block capitals) | |
| Their name in full: Their address: | | |
| Their name in full: Their address: What is your relationship to them? | | |
| Their name in full: Their address: What is your relationship to them? | | |
| Their name in full: Their address: What is your relationship to them? | | |
| Their name in full: Their address: What is your relationship to them? | | |



| 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 comment or complaint, including whether you have discussed the issue with the person involved in the complaint. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| If you have any documents | to support your concern/complaint, please attach them to this form. | |
| ir you have any documents | to support your concern/complaint, please attach them to this form. | |
| Signature: | | |
| Date: | | |
| | | |
| If you dealt with The Commu | unity Foundation for Ireland staff member, please note their name here: | |
| And then return this form by | email or post: | |
| info@foundation.ie | | |
| The CEO, | | |
| Community Foundation Irela 30 Merrion Square North, | na, | |
| Dublin, D02 VE40 | | |