COMPLAINT FORM

If you wish to report a complaint, please complete this form and return it to one of the L.I.F.E. Directors at L.I.F.E., Suite 171, 111 Piccadilly, Manchester, M1 2HX. Please continue on a separate sheet if necessary.

1. Name

……

2. Address……..

3. Telephone Number

(Home)…… ❑ preferred

(Work)…… ❑ preferred

4. Email

..... ❑ preferred

5. Details of the Complaint /accident (please include the date or period of time to which your complaint relates and confirm whether you have already expressed your concerns informally, and to whom and when).

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