****

**Kyra Complaints Form**

Please complete this form as fully as possible. Kyra will take your complaint seriously and the information you provide will be treated sensitively and investigated thoroughly. Where necessary we will contact external agencies to verify the information you provide. If we need to do this, we will gain your consent first.

|  |  |
| --- | --- |
| Your name and contact details: | Today’s date |
| Date when incident / problem occurred |

|  |
| --- |
| Please outline details of your complaint  |

|  |
| --- |
| Please give details of any similar incident. |

|  |
| --- |
| Have you mentioned your complaint or reported it to anyone else before? |

|  |
| --- |
| What action would you like Kyra to take? |

Please return this form to:

**Kyra Women’s Project**

CMC, St Saviourgate, York YO1 8NQ

Or email: contact@kyra.org.uk

-------------------------------------------------------------------------------------------------------------------------

**For office use only:**

|  |  |
| --- | --- |
| Date received |  |
| Person handling  |  |
| Further actions taken (include dates) |  |