

## COMPLAINT INITIAL LOG FORM

### COMPLAINANT DETAILS

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Are you a St Peter's tenant? \_\_\_\_\_

Do you have any special communication requirements? (For example, an interpreter, audio format, large print) \_\_\_\_\_

What is your complaint about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you complained to the Association before about this? YES / NO

If YES, who did you complain to? \_\_\_\_\_

When did you complain? \_\_\_\_\_

Did you receive a written reply? (if so, please enclose a copy) \_\_\_\_\_

Is there any other information you think we should know to help us with your complaint?

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Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR SPSHA OFFICE USE ONLY**

Date received:  Complaint No:

Passed To \_\_\_\_\_

Documents enclosed?  Yes  No

Date \_\_\_\_\_

Logged on Central File [date] \_\_\_\_\_

Date acknowledged: \_\_\_\_\_ Investigating officer: \_\_\_\_\_

Was the complainant assisted to complete this form?  Yes  No

If yes, by whom: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Housing Office  
St Peter's (Saltley) Housing Association Ltd  
Burrows Hall  
Bridge Road  
Saltley  
B8 3TE