

**COMPLAINTS FORM**

* **BEFORE COMPLETING THIS COMPLAINTS FORM YOU MAY WISH TO REVIEW THE VICTIMS’ PAYMENTS BOARD’S COMPLAINTS POLICY AND PROCEDURE.**
* **THE POLICY IS LOCATED ON THE VPB’S WEBSITE WWW. VICTIMSPAYMENTSBOARD.ORG.UK AND CONTAINS INFORMATION WHICH MAY ASSIST IN COMPLETING THE COMPLAINTS FORM.**

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| **1.** | NAME: |  |
| **2.** | ADDRESS:  |  |
| **3.** | TELEPHONE CONTACT DETAILSMobile: Home: |  |
| **4.** | EMAIL ADDRESS: |  |
| **5.** | VPB REFERENCE NUMBER(If applicable): |  |
| **6.** | DATE THE MATTER COMPLAINED OF FIRST AROSE:  |  |
| **7.** | DATE YOU FIRST BECAME AWARE OF THE MATTER YOU WISH TO COMPLAIN ABOUT: |  |
| **8.** | PLEASE SET OUT SUCCINCTLY THE DETAILS OF YOUR COMPLAINT (please continue on a separate sheet if needed):  |

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| **9.** | This complaint is made voluntarily. I acknowledge the details of this complaint may be shared within the Victims Payments Board in order to effectively investigate the matter. I acknowledge that the signature below is my own.Signed: Date: |
|  | Print name:  |