

## SERVICE FEEDBACK AND COMPLAINTS FORM



*You must complete the sections marked \**

**What is your name?**

\* (Mr, Mrs, Miss, Ms, Dr, other):

\*What is your date of birth?

\*What is your address?

What is your telephone number?

What is your personal email address?

How would you prefer to be contacted?

Email

☐

Letter

☐

Phone

☐

Are there any restrictions on when or how we can contact you?

Do you know which part of Artefaktum you are contacting us about?

Please select the Office, Staff member or unit that dealt with the issue, or provided the service that you are contacting us about. You can leave this blank if you are unsure.

Please enter the Project name here (if known):

\*How are you related to the case (tick one):

Victim

☐

Victim

(Bereaved family member)

☐

Witness

☐

Other (please specify)

**If you are a Nominated Representative, what is your relationship to the person you are representing?**

Please specify here:

**Note:** If you are making a complaint on behalf of someone else you must provide **written permission** to act for them.

\*Full name (Mr, Mrs, Miss, Ms, Dr, other):

\*Postal address:

Telephone number:

Email address:

\*Type of comment (tick one):

Complaint

☐

Feedback

☐

**\* Enquiry Details**

**Please tell us what happened. Only provide information that is relevant to your complaint or feedback.**

Please return to Artefaktum by post or email. Thank you.