



Hafod Housing Association Limited Service Complaint

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|--|--|------|--|
| Name | | | |
| Address | | | |
| Tel. No. | | | |
| Please provide a brief description of the complaint | | | |
| | | | |
| Do you know the name of any staff members or contractors involved? If so, please state below | | | |
| | | | |
| Please explain how the complaint affected you | | | |
| | | | |
| Is there anything specific you would like us to do to resolve your complaint? | | | |
| | | | |
| What changes do you feel would prevent problems like this arising in the future? | | | |
| | | | |
| Signed | | Date | |