



**1.4A TEMPLATE. 1: COMPLAINTS FORM FOR STAFF  
MEMBER OR VOLUNTEER**

*(PLEASE USE BLOCK CAPITALS)*

Your Name, Address and Contact Number:

[Three light purple rectangular input fields for name, address, and contact number]

Date on which the Alleged Incident happened:

[Two light purple rectangular input fields for the date]

Location of Alleged Incident:

[Two light purple rectangular input fields for the location]

Nature of complaint (e.g. Harassment, Bullying, etc.):

[Two light purple rectangular input fields for the nature of the complaint]

Name of party or parties involved:

[Two light purple rectangular input fields for the name of the party or parties]



Please give a detailed account of the alleged incident:

Multiple horizontal light purple bars for text entry.

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

**PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO ALL RELEVANT PERSONS INVOLVED.**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

*In line with Data Protection regulations, we are committed to protecting the personal information we hold on you. By providing the information requested, you are giving us permission (consent) to use this information for Safeguarding, legal or regulatory purposes and we will use it for no other purpose without further consent unless mandated or required to do so under the Data Protection Act 2018 or equivalent legislation. If you have any questions about how we process your personal data, please contact a member of the Panel.*