Please take the time to read the Volunteer Problem Solving Procedure before completing this form.

**Please submit your completed form to the Regional Services Manager,** **cherry.leroy@clapa.com** **Please include any relevant evidence, as appropriate.**

|  |  |
| --- | --- |
| **Name:** |  |

|  |
| --- |
| **I wish to raise a formal concern/ complaint, the details of which are as follows:** |
|  |

|  |
| --- |
| **I would like the following to happen:** |
|  |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Dated Submitted:** |  |
| **Date submitted:** |  |