**CTS - Complaint Form**

**Name:**

**Date:**

**Please describe in detail what or who your complaint or concern is about:**

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**Name of any specific employees being complained about?**

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**What time did it happen?**

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**Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What was the outcome?**

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**Were there any witnesses? (if so, please name)**

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**Where did it happen?**

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**What date/day did it happen?**

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Please Post to

CTS, 81 High Street Worle, Weston-super-Mare, North Somerset, BS22 6ET