

Complainant details

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|-----------|--|-------------------|--|
| NAME | | COMPLAINTS NUMBER | |
| ADDRESS | | DATE LOGGED | |
| TELEPHONE | | E-MAIL | |

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|---|
| Special Circumstances (Visually impaired etc) |
| |

Firm/Individual details

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|------------------------|-----|--|-----------------------------|-----|--|
| COMPLAINT AGAINST FIRM | YES | | COMPLAIN AGAINST INDIVIDUAL | YES | |
| | NO | | | NO | |

| | | | |
|--------------|--|--------------------|--|
| NAME OF FIRM | | NAME OF INDIVIDUAL | |
|--------------|--|--------------------|--|

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| Details of complaint/ enquiry (what, when, where, who, why etc) |
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|-------------------------------|-----|--|-----------------------|--|
| Complaint received in writing | YES | | If no, date requested | |
| | NO | | | |

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| Details of investigation and resolution |
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| Complainant satisfied with resolution | YES | |
| | NO | |

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| Confirmed in writing by complainant | YES | |
| | NO | |

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| Requirement for redress mechanisms | YES | |
| | NO | |

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| RICS involvement | YES | |
| | NO | |

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| Action taken to prevent recurrence |
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