**Different Minds East Anglia**

**Complaint Form**

**Date:**

**Customer Name:**

**Contact Number:**

**Email Address:**

**Please provide the following information to help us address your complaint effectively:**

**Nature of Complaint:**

[ ] Product Quality

[ ] Service Issue

[ ] Delivery Problem

[ ] Billing or Payment Discrepancy

[ ] Other (please specify):

**Description of Complaint:**

**Please provide a detailed description of the issue you are facing:**

**Date and Time of Incident:**

**Please indicate the date and time when the incident occurred:**

**Date: [**Date of Incident**]**

**Time: [**Time of Incident**]**

**Product/Service Information (**if applicable**)**

**Other Relevant Details: [**Additional Information**]**

**Desired Resolution:**

**What would be your preferred resolution to this complaint?**

**[**Patients Preferred Resolution**]**

**Supporting Documents:**

**If you have any relevant documents e.g. emails/letters that could assist us in investigating the issue, please attach them here:**

**[Attach File]**

**Contact Preference:**

**How would you like us to get back to you regarding this complaint?**

**[ ] Phone**

**[ ] Email**

**Contact Time (if applicable):**

**[ ] Morning**

**[ ] Afternoon**

**[ ] Anytime**

Please submit this form either via email to **enquiries@adhdnorfolk.org.uk** or by post to our office located at 124 Thorpe Road Norwich NR1 1RS. If you choose to submit the form via email, please use "Complaint - [Your Name]" as the subject.

We value your feedback and apologize for any inconvenience you have experienced. Our team will review your complaint promptly and take appropriate measures to resolve the issue.

Thank you for bringing this matter to our attention, and we assure you that we will do our best to address your concerns satisfactorily.

Sincerely,

**Nicola**

Nicola Hallette

Administration manager

Nicola@adhdnorfolk.org.uk