

# Hotel Complaint Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Are you complaining for someone else?

For example, your child, or someone with a disability who can't complain for themselves. If yes, what is their name?

\_\_\_\_\_

## What is your relationship to that person?

\_\_\_\_\_

## What happened?

We need to know what happened to make you believe that you have been discriminated against.

## When did it happen?

Give exact date and time if you can.

It began on: \_\_\_\_\_

It finished on: \_\_\_\_\_

Is it still going on? YES/NO

**Who do you think has discriminated against you?**

**Individual's name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Organisation they work for** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Head of organisation (if you know)** \_\_\_\_\_

**What is the person's relationship to you?**

For example, your boss, real estate agent, shopkeeper

\_\_\_\_\_

**What happened?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_