

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:** _____