



## Section 2

From the information given in section 1 please now list the main points of complaint that you want us to look at.

***Please list:***

1.

2.

3.

4.

### Section 3

How have you suffered as a result of the complaint? Give details below:

[illegible]

#### Section 4

What do you want us to do for you?


#### Section 5 Person making the complaint

Please fill in this section with your details. If you are complaining for someone else you must fill in this section AND section 6.

Your name: (Mr/Miss/Ms/Mrs/Other)

Your address and postcode:

Your phone numbers:

Daytime

Mobile

Your email:

Your signature:

Date:

Please tell us if you need information from us in another language or format by ticking the box below:

- ☐ Braille
- ☐ Audio version
- ☐ Another language (give details)
- ☐ Large font

Any other needs

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## Section 6 Complaining for someone else

If you are complaining for someone else fill in this section with their details using CAPITAL LETTERS.

Their name: (Mr/Miss/Ms/Mrs/Other)

Their address and postcode:

Their phone numbers:

Daytime

Mobile

Their email:

What is your relationship to this person?

We need the person affected by the complaint to sign the consent below, if they can, to allow you to complain for them. If they are unable to sign for any reason, please tell us why in the box below.

### Consent

I authorise the person named in Section 5 to make my complaint to SPSO for me. I understand that the SPSO may give personal information about me and my complaint to this named person and the organisation being complained about.

Signed:

Date:

### Contact us

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