

# Complaints Form

Please read our Complaints Policy carefully before you fill in and return this form.

## 1. Your Details

**Give your details below.** If an email address is given, we will send you information by email only, unless you ask us specifically to send correspondence by post (which we are happy to do)

Your full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Daytime phone number (optional) : Click or tap here to enter text.

E-mail address if you have one: Click or tap here to enter text.

Are you the client? (*The client is the person who completed the funeral arrangement paperwork*) please indicate by stating YES or NO: Choose an item.

If NO, please state relationship to the deceased. Click or tap here to enter text.

As you are not the client please attach written authorisation from the client that they are happy for you to proceed on their behalf.

## 2. Details of the deceased

Name of the deceased: Click or tap here to enter text.

Date of death: Click or tap to enter a date.

Place of death: Click or tap to enter a date.

The date of the funeral: Click or tap to enter a date.

## 3. Dispute Details

In the space below, please tell us what went wrong. If you need more space please attached additional pages.

Click or tap here to enter text.

**4. What would you like the company to do? (Tick all the boxes that apply)**

|                                                                  |                          |                                                                                      |                                    |
|------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------|------------------------------------|
| Give you an apology                                              | <input type="checkbox"/> | Give you an explanation                                                              | <input type="checkbox"/>           |
| Take some action                                                 | <input type="checkbox"/> | Please specify what action you would like taken:<br>Click or tap here to enter text. |                                    |
| Offer a full refund / part refund/<br>make a donation to charity | <input type="checkbox"/> | How much? Which charity?                                                             | £ Click or tap here to enter text. |

**5. Any further comments / information relevant to the complaint**

Click or tap here to enter text.

**6. Client Declaration:**

Please read the statements below before signing the form.

- I have read and understand D. J. Hall Funeral Directors Complaint Procedure
- I acknowledge that my complaint will be fully investigated within 10 working days and I will receive a written reply with the outcome (by email or letter) within 10 working days of receipt of my complaint.
- Whilst my complaint is being investigated I will refrain from making any comments on social media about the complaint which could be damaging to the funeral director.

Please enter your name: [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)