

## Complaint Form

Information about the complainant	
Name	
Phone Number	
Email address	

Details about the complaint	
Date and time of the incident	
Type of complaint	<input type="checkbox"/> Circus Hub staff member, contractor or volunteer <input type="checkbox"/> Product, services or procedures of the Circus Hub <input type="checkbox"/> Breach of the Code of Conduct by a student, client, volunteer or other person visiting the Hub
If the complaint is about a person, please write their name	
Details about the complaint	
What outcome would you like to see as a result?	

Signature of complainant	
Date:	Signature: