|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BCL Service Complaint Registration Form | | | | |
| This complaint is related to BCL employee or  contractors | | This complaint is related to BCL CERTIFICATION  Services | This complaint is related to another aspect of BCL  (e.g. Testing, etc.) | |
| Your Details |  | | | |
| Full Name and Position | Click or tap here to enter text. | | | |
| Organisation Name | Click or tap here to enter text. | | | |
| Contact Address | Click or tap here to enter text. | | | |
| Telephone Number(s) | Click or tap here to enter text. | | | |
| Email Address | Click or tap here to enter text. | | | |
| Date of Initial Contact with BCL | Click or tap here to enter text. | | | |
| Complaint details | | | | |
| Please provide details of the complaint you wish to make. In order for the complaint to be fully investigated, please provide specific information relating to any names, dates, reference numbers, emails etc. related to your claims that may help our investigation.    Tick this box if documentation is provided with this registration form | | | | |
| Click or tap here to enter text. | | | | |
| Please continue on another sheet, if required. (Tick this box if further sheets are to be provided with this registration form) | | | |  |
| BCL Internal use only (below) | | | | |
| BCL Internal Reference | Click or tap here to enter text. | | | |
| Date further contact made | Click or tap here to enter text. | | | |