COMPLAINT FORM

This form can be used to submit a complaint to BESCA. Please ensure that all other methods are explored prior to submitting a complaint. Please contact the BESCA team on 01768 860457 for further guidance. Please complete all sections of the form prior to submission. Acknowledgement of receipt will be made in line with BESCA's Complaints Policy as detailed at **besca.org.uk** BESCA is committed to ensuring that your privacy is protected. Visit www.besca.org.uk/complaints-and-appeals/privacy-policy to find out more about how we process your data and your rights.

COMPLAINT TYPE

Customer Service	Registration Process	Audit and Inspection	Scheme Specific	Other	
CONTACT DE	TAILS				
Full Name:					
Address: (With Postcode)					
Telephone:	Email:				
COMPANY DE	TAILS				
Company Name:					
Address: (With Postcode)					
Telephone:		Email:			
DECLARATIO	N				
once the complaint	is submitted, no further	ed is complete and correct r information may be subm accordance with BESCA's c	nitted unless written per	-	
Full Name:					
Signature:		Date:			
OFFICE USE O	NLY				
Date Received:		Acknowl Date:	Acknowledgement Date:		
Complaint Ref. Number:		Owner:			
BESCA [www.besca.org.uk	Minfo@besca.org	.uk ;;;] 01768 86	0457 Page 1 of 3	

Page 1 of 3



COMPLAINT DETAILS

* Please make sure you have included all of the information you wish to be considered as part of your complaint.

* Any relevant documentation you wish to be considered is enclosed.







└── info@besca.org.uk







DOCUMENTS ENCLOSED

SUPPORTING DOCUMENT NAME:	DATE:







