

Lending Made Simple

Complaint Form

EMPLOYER DETAILS:				
COMPANY NAME:		ADDRESS:		
MANAGER NAME:		MANAGER EMAIL:		
COMPLAINANT DETAILS (Leave blank if wishes to remain anonymous):				
NAME:		POSITION:		
DEPT:		EMAIL:		
DIRECT DIAL:		MOBILE:		
INCIDENT INFORMATION:				
DATE/TIME OR PERIOD OF INCIDENT:				



DESCRIPTION OF INCIDENT:			
PERSON/S INVOLVED:			
DATE REPORTED:			
REPORTED TO:			
INVESTIGATION INFORMATION & OUTCOME:			
INVESTIGATOR:			
DETAILS OF INCIDENT INVESTIGATION:			



Business funding, Unravelled.

MAS ALLECATION/S CONFIDMED	VES/NO
WAS ALLEGATION/S CONFIRMED?	YES/NO
WAS ALLEGATION/S CONFIRMED? DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUT	

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NAME OF COMPLAINTANT:	DATE:
SIGNATURE OF COMPLAINTANT:	
NAME OF INVESTIGATOR:	DATE:
SIGNATURE OF INVESTIGATOR:	