

Appendix 1: Group Complaints/Appeals

Please provide details below of all persons involved in the group complaint/appeal. This form needs to be attached to the main Complaint/Appeal Form.

BIMM will only communicate with a representative of the group and will not contact each member individually. The representative's full name and details need to be completed on the main complaint/appeal form.

Complainant/Appellant:

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

Complainant/Appellant

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

Complainant/Appellant

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

Complainant/Appellant

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

Complainant/Appellant

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

Complainant/Appellant

Personal Details			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
E-mail Address:			
Mobile:			
Address			
Town		County	
Country		Postcode	
Landline:			

If necessary use additional copies of this form and attach to main Complaints/Appeals form.