**Direct Mediation Services Complaint For****m**

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| --- | --- |
| Name of person(s) making the Complaint: |  |
| Address: |  |
| Telephone No: |  |
| Representative of person(s) making the Complaint: |  |
| Address: |  |
| Telephone No: |  |

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| Please complete the following details so that we can monitor all complaints, in accordance with our commitment to quality of service and equal opportunity. |

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| --- | --- | --- | --- | --- | --- |
| Gender (please tick (✓) where appropriate) | | | | | |
| Male |  | Female |  | Other |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnic Group (Please choose from one of the following groups (ticking (✓) where appropriate) | | | | | | | | |
| White British |  | Asian or Asian British Indian | | |  | Mixed White & Black African |  | |
| White Irish |  | Asian or Asian British Pakistani | | |  | Mixed White & Asian |  | |
| Black or Black British African |  | Asian or Asian British Bangladeshi | | |  | Mixed other |  | |
| Black or Black British Caribbean |  | Chinese | | |  | White other |  | |
| Black or Black British Other |  | Mixed White & Black Caribbean | | |  | Asian or Asian British other |  | |
| Gypsy/Traveler |  | Other | | |  | Unknown |  | |
| Disability | | | | | | | | |
| No disabilities (NCD) | | |  | Mental health condition (MHC) | | | |  |
| Blind (BLI) | | |  | Mobility impairment (MOB) | | | |  |
| Cognitive impairment (COG) | | |  | Sensory impairment (SEN) | | | |  |
| Deaf (DEA) | | |  | Visual impairment (VIS) | | | |  |
| Hearing impaired (HEA) | | |  | Unknown (UKN) | | | |  |
| Long standing illness or Health Condition (ILL) | | |  | Other (OTH) | | | |  |
| Learning disability/difficulty (LDD) | | |  |  | | | |  |

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| *Type of mediation* |  | | | | | | |
| Family |  | Workplace |  | Civil |  | Commercial |  |

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| --- | --- | --- | --- |
| Details of the complaint: (Please give only the main points here, and continue, if necessary, overleaf) | | | |
|  | | | |
| List of Enclosures: (Do not sent originals) | | | |
|  | | | |
| Signed: |  | Date: |  |
|  | | | |
|  | | | |

Please return the completed form to:

Direct Mediation Services, Vicarage Chambers, 9 Park Square East, Leeds, LS1 2LH

Or by email: [info@directmediationservices.co.uk](mailto:info@directmediationservices.co.uk)