

**Complaints / Comments Form**

Asylum Support Appeals Project (ASAP) aims to provide good quality ser- vice to all our service users. However, sometimes things can go wrong. If this happens, we would like to know what happened so that we can improve our services in the future and make things right.

If you are not happy about our service and would like to make a com- plaint, please complete this form and return it to the Director at the:

**Asylum Support Appeals Project**

**Studios 11&12, Container City Building 48 Trinity Buoy Wharf**

**London E14 0FN**

If you need help completing the form, or wish to make a complaint verbally, please contact the Director on 020 3716 0284 who will be happy to assist you.

Please also use this form to give us any comments you might have.

If you are making a complaint against the Director, please send the form to the Chair of the ASAP at the same address.

|  |  |
| --- | --- |
| Your name |  |
| Telephone number |  |
| Address |  |

In the box below, please describe the details of your com- plaint. It will be helpful if you can give as specific many de- tails as possible. You can also use the box below to give us any comments about ASAP.

Your complaint:

Continue to the next box

Your complaint (continued):

Please continue on to additional pages if you wish.

|  |  |
| --- | --- |
| Date |  |
| Your signature |  |

**Asylum Support**

Please send the completed form,

together with any additional pages, to:

**ASAP Director or The Chair**

**Asylum Support Appeals Project**

Studios 11&12, Container City Building 48 Trinity Buoy Wharf

London E14 0FN

**Appeals Project (ASAP)**

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