

Complaints Form

V1.0

Introduction

Before completing this form, please ensure that you have read the SFEDI Awards Complaints policy which is available on our website or can be requested from customerservices@sfediawards.com

For SFEDI Awards to review your complaint in full, please provide as much information and detail as possible.

Contact Details

Name:	
Address:	
Email:	
Tel No(s):	
Organisation: (if applicable)	
Job Title/Position: (if applicable)	
	ur complaint including as much detail as possible. (e.g., dates, qualifications, and what impact this has had). List any supporting evidence you are sending
1	

Complaint Outcome

Please state what you v	vould regard as a successful outcome to this complaint. What action would you like to
see happen?	
Declaration	
SFEDI will process this o	data in accordance with General Data Protection Regulations.
	eting and submitting this form to SFEDI, I give my consent to the processing and e information I have supplied is accurate and to the best of my knowledge and to the best of my knowledge and
Signed:	
Full Name:	
Date:	