



Fire Door Inspection Scheme (FDIS)

Complaint Form

Please fully complete this form with all the relevant details so we can process the complaint in line with the FDIS Complaints Procedure. Please note, in order to follow the process, we will require all the relevant information. Please do not leave any blanks, as this may hold up the process.

The FDIS will aim to acknowledge your complaint within 5 working days.

1. Details of the company & person making the complaint			
Date of Complaint:			
Complainant Name:			
Address:			
			Post Code:
Complainant Contact Number:		Complainant Contact Email Address:	
Are you making this complaint on behalf of a company?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide contact details for the company contact.			
2. Details of the complaint			
Date of incident:		Time of incident:	
Location of incident:			
Does your complaint relate to:	<input type="checkbox"/> FDIS Diploma <input type="checkbox"/> FDIS Certificated Inspector assessment process <input type="checkbox"/> Other		
Please describe in detail the reason for your complaint			



Has the FDIS attempted to resolve your complaint, prior to you submitting a formal complaint?
If the answer to this question is yes, please include what information has been provided to you by the FDIS.

Please provide any further information that might assist us in investigating your complaint

Name:

Signature: