

# Fellowship of Professional Willwriters and Probate Practitioners



## THE FELLOWSHIP OF PROFESSIONAL WILLWRITERS AND PROBATE PRACTITIONERS

### COMPLAINTS FORM

Please use this form if you want to make a complaint about any aspect of the conduct or service that you have received from a member of The Fellowship.

The information you provide on this form will enable us to deal with your concerns quickly.

When you have filled this form in, please send it to us at:

The Head of the Regulatory Board  
Fellowship of Professional Willwriters and Probate Practitioners  
George House  
Chequers Close  
Malvern  
Worcestershire  
WR14 1GP

In all cases, please tick the relevant boxes.

#### Part 1

Mr		Mrs		Ms		Miss		Other	
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Please give details

Your Surname:	
Your First Names:	
Your Address inc. Postcode:	
Your Daytime Tel No:	
You Mobile Tel No:	
Your Email Address:	

**Part 2**

**How would you like us to contact you?**

Phone	<input type="checkbox"/>	When is the best time to call?	<input type="text"/>
Letter	<input type="checkbox"/>		
Email	<input type="checkbox"/>		

We will do our best to contact you in the way you would prefer. However, we will need to write to you from time to time even if you have asked us to contact you by telephone.

We want to make sure that our service is accessible to everyone. If you have a disability or health condition that affects your use of our service, we will adjust our service so that you can access it. Adjustments can include giving you extra help or changing the way we provide our service. For example, we can provide our letters and other information in different languages and different formats such as Braille, in large print or on audio tape.

**Do you have any particular needs?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'yes', please tell us how we can best help you to deal with your complaint.


**Part 3**

**Details of the Will Writer/Probate Practitioner/Company you are complaining about or reporting**

Name of Member	<input type="text"/>
Name of Firm	<input type="text"/>
Firm's Address and Postcode	<input type="text"/>
Firm's Tel No	<input type="text"/>
Firm's Email	<input type="text"/>

