



COMPLAINT FORM

Complaints against the Chartered Institution of Highways & Transportation must be made on this form.

Section 1 – Your details

This section to be completed by the complainant.

Name:	Date:
Address:	Email:
Daytime Tel:	Mobile:
CIHT Member (please tick) Y <input type="checkbox"/> N <input type="checkbox"/>	CIHT Membership Number:
If you are not a CIHT member, please describe your relationship with CIHT:	

Section 2 – About your complaint

Does your complaint relate to a specific person? (please tick) Y <input type="checkbox"/> N <input type="checkbox"/>
If so, please give us the person's name:
Have you raised the complaint with the person in question if applicable? (please tick) Y <input type="checkbox"/> N <input type="checkbox"/>
Have you raised the complaint with someone else? (please tick) Y <input type="checkbox"/> N <input type="checkbox"/>
If so, please tell us who:
Have you received a response? (please tick) Y <input type="checkbox"/> N <input type="checkbox"/>
Summary of your complaint:
What would help to resolve the problem?
What outcome would you like us to achieve?



CIHT OFFICE USE ONLY

Date received:	Assigned to:
Complaint acknowledged (S1): <input type="checkbox"/>	Date acknowledged:
Reply sent (S1): <input type="checkbox"/>	Date reply sent (S1):
Complaint resolved: <input type="checkbox"/>	Date resolved:
Complaint escalated: <input type="checkbox"/>	Date escalated:
Assigned to (S2):	S2 review request acknowledged: <input type="checkbox"/>
Date acknowledged:	Reply sent (S2): <input type="checkbox"/>
Date reply sent (S2):	