CASS Complaint Form

Name of Complainant: _____ **Date:** _____

Address: _____

_____

Phone No: _____

CASS Unit involved: _____

Complaint details:
(what you feel has gone wrong and what you feel should be done to put it right).

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Signed: _____

Please post the completed form to:
Assistant Senior Education Officer (CASS)
SEELB Headquarters
Grahamsbridge Road
Dundonald
Belfast BT16 2HS