**BOSTU COMPLAINTS FORM**

**Name of complainant**:

**BIOS/BOSTU Membership Number:**

**Nature of complaint:**

(Please give a brief overview with dates and whether an informal resolution has been sought)

**Expected resolution:**

(Please state what you would like the Union to do as a result of your feedback; this may not always be possible, but your suggestions are welcomed in order to better understand the nature of your grievance and who or what it rests with.)

**Please email to: bios@orthoptics.org.uk clearly marked “BOSTU complaint”**