ADCU COMPLAINT FORM

Complete the fields below. You may attach a separate statement if needed.

Full name

Membership number

Branch

Contact number

Email address

Active membership confirmation

☐ I confirm that I am an active ADCU member.

Complaint type

☐ General complaint ☐ Office / Casework complaint

Date(s) of incident

Location (if relevant)

Name(s) of person(s) involved

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Section 4 provides a large fillable space for your complaint.

4. Description of complaint

Explain what happened, including relevant dates, people and previous steps.

Your complaint / statement

5. Supporting evidence (list attachments)

6. Outcome requested

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Declaration and submission details

7. Declaration

I declare that the information provided is true and accurate to the best of my knowledge. I understand that knowingly false or malicious complaints may be considered under the ADCU Rule Book.

Signature (type your name)

Date

Submission options

Please submit your completed complaint form using one of the following methods:

By email:

General complaints: office@adcu.org.uk

Office and casework complaints: casework@adcu.org.uk

By post:

ADCU Complaints Officer, App Drivers & Couriers Union

First Central 200, 6th Floor, 2 Lakeside Drive, London NW10 7FQ

In person:

To the Office Manager or designated Complaints Officer.

Please read the ADCU Complaints Policy & Procedure, including the eligibility requirements, before submitting this form.