

COMPLAINTS FORM

Name:

Address:

.....

.....Post Code:

Telephone (day):Telephone (eve):

What do you consider the Council has done wrong or failed to do?

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How has the problem affected you?

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What should the Council do to put things right?

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Who have you spoken to about this and when? Please quote any reference numbers

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Signed: Dated :
(To be signed by the person making the complaint)

Please send the completed form to the relevant Head of Service