

Complaint and Compliment form

Name: Mr Mrs Miss Ms

Address:

Phone number: E-mail:

Details of your complaint or compliment

What would you like us to do?

Council use only

Reference:

Date received:

Location:

Group: CBS D&E F&ICT HR L&C L&CS LES

Service:

Investigating Officer:

Complaint relates to: (You may choose more than one option)

access to services quality of service council policy

council employee injury or damage other

Resolved at stage 2? Yes No

Was it justified? Yes No

Date resolved:

Service improvement and remedy offered: