**COMPLAINTS FORM**

Name:

Address:

Post Code:

Email Address:

Telephone (day): Telephone (eve):

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

How has the problem affected you?

What should the Council do to put things right?

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

Signed: Dated :

(To be signed by the person making the complaint)