

# Eckington Parish Council Complaint Form

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- Your views are important to us and will assist us in improving our service to the public. Please complete your details in the space provided below. Your details will only be used to enable us to contact you in order to respond to your complaint and/or suggestions. Your name and address will not be used for any other purposes.

**CLIENT CONTACT DATA IS STRICTLY CONFIDENTIAL**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Description of complaint: (Include date and time of complaint)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestion(s) as to how your complaint can be resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will respond to your complaint within 5 working days of it being received.  
Your co-operation is appreciated.

## **STAFF USE ONLY:**

DATE RECEIVED \_\_\_\_\_ DATE OF ACKNOWLEDGEMENT: \_\_\_\_\_

**ACTION TAKEN: (up to and including final response to complainant)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE CLIENT WAS CONTACTED: \_\_\_\_\_

CLOSE DATE: \_\_\_\_\_ CLERK/COUNCILLOR SIGNATURE: \_\_\_\_\_