

Comments, Compliments and Complaints – Customer Feedback Form

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ Postcode _____

Phone Number: _____

Email Address: _____

Preferred method of reply: In writing By phone By email

Do you have a: Comment Compliment Complaint

Your Comment, Compliment or Complaint

Please provide full details, including the service or name of the officer that you dealt with, and when (an approximate date will be fine). Continue on a separate sheet if necessary.

Complaints Only

Have you raised this complaint with the Council before? Yes No

If Yes, it would be helpful if you could tell us with whom you dealt with and what action, if any, was taken.

What do you feel the Council can do now to resolve your complaint?

Signed: _____ Date: _____

Thank you for answering these questions and providing us with your feedback on our services. We will endeavour to respond fully within five working days.

Please return your completed form to:

Customer Comments, Rochford District Council, South Street, Rochford, Essex SS4 1BW

For office use only	
Reference:	_____
Date received:	_____
Dealt with by:	_____
Date concluded:	_____