**Compliments and Complaints Form**

**Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your name: |  | | | | | | | | | | |
| How would you like to be contacted? | | | | Email □ | | | | Letter □ | | Telephone □ | |
| Your contact details: | |  | | | | | | | | | |
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| If you would prefer to be contacted by telephone, please tell us the best time to contact you: | | | | | |  | | | | | |
| Please give details of your compliment or complaint: | | | | | | | |  | | | |
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|  | | | | | If necessary, please continue over the page | | | | | | |
| Have you spoken to, emailed or written to anyone at the Council? | | | | | | | | | | | Yes / No |
| If yes, please give their name: | | |  | | | | | | | | |
| What happened as a result of this contact? | | | | | | |  | | | | |
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| What outcome are you looking for (ie what would be the best way for the Council to resolve your complaint)? | | | | | | | | |  | | |
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| Please note that complaints will be treated in the strictest confidence. The names of those making a complaint and details of the complaint will only be disclosed to those members of staff needing to know for the purposes of the investigation. The Parish Clerk may also inform the Chairman. | | | | | | | | | | | |
| Please return this form to the Parish Clerk:  Mrs Anne Ogilvie, 6 Manor Court, Chadlington, Oxon, OX7 3LW,  01608 676768, clerk@sandfordstmartin.org.uk | | | | | | | | | | | |