

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

Your address \_\_\_\_\_  
\_\_\_\_\_

Your email address \_\_\_\_\_

Your telephone number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Council department and/or member of staff concerned:

\_\_\_\_\_

## Details

Please use this space to provide as much information as possible. Use a separate sheet to continue if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate whether this is:**

feedback       a suggestion       a compliment

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:

Customer Services, South Holland District Council, Priory Road, Spalding, Lincs PE11 2XE.

Email: [info@sholland.gov.uk](mailto:info@sholland.gov.uk) Fax: 01775 711253

For use by Customer Services Manager

Entered in CRM       Date \_\_\_\_\_