

# Formal Complaints Form

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

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

\_\_\_\_\_

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

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

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

What do you think the Council did wrong or failed to do?

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

(if you have any documents, for example letters, to help us investigate this complaint, these can be attached with this form. They will be returned to you if you wish)

What personal injustice do you think you have suffered?

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

What should the Council do to put things right?

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

On what date did you first hear of the action you are complaining about? \_\_\_\_\_

Have you already complained to a Council Department? If so, when?

\_\_\_\_\_

If your complaint has already been investigated by the Council please tell us which parts of the investigation you are not satisfied with?

\_\_\_\_\_

Do you have any other comments?

\_\_\_\_\_

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

For equality monitoring purposes only please tell us about yourself  
(Answering these questions is optional)

Q1. Are you male?  or female?

Q2. What was your age on your last birthday? \_\_\_\_\_ (Years)

Q3. Do you consider that you have a disability? Yes  No

Q4. To which of these ethnic groups do you consider you belong?

Asian or Asian British  Mixed race

Black or Black British  White British

Gypsy /Traveller community  White other

Prefer not to say  Other

Q5. What is your religion? \_\_\_\_\_

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