Complaints, comments, suggestions and compliments

Your complaints, comments, suggestions and compliments are important to us. Please complete this form as fully as possible, explaining why you are dissatisfied or pleased with the service or response you have received. If it’s a complaint, please tell us what you would like us to do to put it right.

**Your details**

Title (Mr/Mrs/Miss, etc.) _____ First name(s) ________________________________

Last name ________________________________

Address __________________________________________

_____________________________________________ Postcode: ________________

Telephone number:________________________________

Email address: ____________________________________

Date: _________________

**Reason for contact**

Do you wish to make a:

- Complaint  □  Comment  □  Suggestion  □  Compliment  □

Would you like a reply?  Yes □  No □

Which service are you contacting us about?

__________________________________________________________________________

Have you contacted the council about this before?  Yes □  No □

How did you contact us?  Online □  Phone □  Letter □  Email □  Fax □  Other □

Who did you contact (if known)?

__________________________________________________________________________
Please tell us the details

If you are making a complaint, what would you like us to do to put things right?
Equal opportunities

We want to make sure that everyone is treated fairly and has equal access to our complaints procedure.

We monitor our complaints to see that this is happening. You do not have to fill in this part of the form, but it may help us to improve our services.

If you do not fill in this part of the form, it will not affect the way we deal with your complaint. The information you give us is strictly confidential and we will use it for monitoring and statistical purposes only.

Your personal details

Are you?  Male  □  Female  □  Prefer not to say  □

Your age – Under 16 □  17-24 □  25-44 □  45-59 □  60-74 □  75+ □

I would describe my ethnic origin as:

Bangladeshi  □  Mixed – White & Asian  □  Other – White  □
Black Caribbean  □  Mixed – White & Black Caribbean  □  White – British  □
Chinese  □  Other  □  White – Irish  □
Indian  □  Other – Asian  □
Mixed – Other  □  Other – Black  □

Language spoken (please state)

Do you consider yourself to have a disability?  Yes  □  No  □

If Yes, what type of disability?  ______________________________________

Hearing impairment  □  Speech impairment  □  Visual impairment  □
Physical disability  □  Learning disability  □  Multiple disability  □

Other disability (please state)  ______________________________________

Once you have completed the above information, send the form by post to:

Support Services,
Room 149 Town Hall,
Wandsworth High Street,
SW18 2PU