

# 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

Date: \_\_\_\_\_

Title (Mr/Mrs/Miss, etc.) \_\_\_\_\_ First name(s) \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## 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	<input type="checkbox"/>	Mixed – White & Asian	<input type="checkbox"/>	Other – White	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Mixed – White & Black Caribbean	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Other – Asian	<input type="checkbox"/>		
Mixed – Other	<input type="checkbox"/>	Other – Black	<input type="checkbox"/>		

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