

Section A: Your details

Surname:	Title: Mr/Mrs/Miss/Other (please state)
Forename(s):	
Address and postcode:	
Your e-mail address:	
Daytime contact number:	
Mobile number:	
Please state how you would prefer us to contact you (for example by e-mail or telephone):	

Your requirements

If our usual way of dealing with compliments, concerns and complaints make it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we might help you.

The person who is complimenting us or the person who experienced a problem should normally fill in this form. If you are filling this form on behalf of someone else, please fill in section B. Please note that before taking forward a complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

Section B: Their details

Their name in full:
Correspondence address and postcode (if different from your details):
Daytime contact number:
Mobile number:
What is your relationship to them?

(Please continue your answers to the following questions on a separate sheet(s) if necessary)

Section C: About your compliment

C1. Name of the department/section/service you are complimenting:

C2. What did the service (or employee) do for you?

C3. How did this affect you personally / why are you complimenting us?

Section D: About your concern / complaint

D.1 Name of the department/section/service you are complaining about:

D.2 What do you think they did wrong, or failed to do?

D.3 Describe how you personally have suffered or have been affected.

D.4 What do you think should be done to put things right?

D.5 When did you first become aware of the problem?

D.6 Have you already put your concern to the service responsible for delivering the service? If so, please give brief details of how and when you did so.

D.7 If it is more than 12 months since you became first aware of the problem, please give the reason why you have not complained before now.

If you have any documents to support your concern/complaint, please attach them with this form.

Signature: Date:

When you have completed this form, please send it to:
Customer Services Team, Flintshire County Council, Mold CH7 6ZY