



Compliments and Complaints form

Your title: Mr Mrs Ms Miss Dr

Other (*please write in*): _____

Your first name and surname: _____

Your address: _____

_____ Postcode: _____

Daytime phone number: _____

Fax number: _____

Email address: _____


Signature: _____ Date: _____

Please use the form overleaf if you need to make a complaint.

Compliments

Who would you like to compliment? _____

Why do they deserve your praise? _____



The officer investigating your complaint might need to meet you or speak to you on the telephone. We will also need to let you know what decision has been made on your complaint. We can do so by either letter or email. Please tell us if you have any special requirements that we need to know about. For example, you are unable to accept telephone calls because you are hearing impaired.

If a council officer has already tried to sort out the problem, please tell us their name.

If you have told a councillor about this problem, please tell us their name.

If you have sent any documents with this form, do you want us to return these to you?

Yes No

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What would you like us to do about the problem?

Please also complete the Equal Opportunities form enclosed with this booklet and then return both forms to:

**Freepost RRBV-UJEC-RSRA
Compliments and Complaints
Epping Forest District Council
Civic Offices
323 High Street
Epping
CM16 4BZ**

You do not need to use a stamp.

F O R O F F I C I A L U S E O N L Y

Date received: _____ Ref no: _____

Service area: _____

Complaint designated step: _____ Assigned to: _____