**CUSTOMER COMPLAINTS FORM**

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| --- | --- |
| Name: |  |
| Email: |  |
| Company Name:  (if applicable) |  |
| Address: |  |
| Telephone Number: |  |
| Which service is your complaint about? |  |
| Type of complaint: |  |
| How do you think we should respond to your complaint?  (please use this section to tell us what you think we should do about your complaint) |  |
| Please detail any recommendations of areas where we can improve our performance concerning the information, advice and guidance given |  |

FOR OFFICE USE ONLY

|  |  |
| --- | --- |
| Date complaint received: |  |
| Complaint to be dealt with by: |  |
| Date complaint resolved: |  |