



## **Complaints Form**

Your name and address	
Your Postcode	
Your email address	
Your telephone number	

Please tell us in as much detail as possible about what happened, where it happened, when it happened and the names of anyone involved. (Continue on an additional sheet is necessary)

Please tell us what you think the Council should do to put things right.

If your complaint relates to an agency outside of this Council, are you happy for us to share your details with them?

Yes  No

**Data Protection Act 1998**

Please note that the personal details supplied on this form will be held on a file and/or computerised by Royal Sutton Coldfield Town Council for the purposes of assessing your complaint. Your personal details may be shared internally within the Council for this purpose, but will be safeguarded and will not be divulged to any other individuals or organisations for any other purpose.

<b>Office Use Only</b>	
Date received	
Received by	
Date and method of response	