

COMPLAINTS, COMPLIMENTS & FEEDBACK FORM

(Please enter as as much details as possible & continue overleaf if necessary)

Complaints form:(please tick one option)

Resident: **Councillor:** **Other:** **Detail:** **Date:**

SECTION ONE

DETAILS OF COMPLAINT, COMPLIMENT & FEEDBACK

Surname: **First Name:**

Case Reference no.:

- **Please tick box if the complaint involves children:**

Address:

Post Code:

Telephone: **Email:**

Correspondence Address (If different to above)

DETAIL OF ISSUE(S):

Signature:

If you run out of space, please use the reverse of this sheet to continue your complaint or comment:

Date received by CPMO

Section two(for office Use Only)

Action Taken: (incl. comment from subject of complaint if required)

NEXT STEP (If any)

COMPLAINT LEAFLET GIVEN: (PLEASE TICK) **YES** **NO**

WAS COMPLAINT RESOLVED: (PLEASE TICK) **YES** **DATE RESOLVED:** **NO:**

WAS COMPLAINT SUBSTANTIATED: (PLEASE TICK) **YES** **NO**

COMPLAINT DEALT WITH BY (STAFF MEMBER'S DETAILS):

NAME: **CONTACT TELEPHONE NUMBER:**

SECTION: **DATE:**

DOCUMENTATION ATTACHED (please tick & provide details):

PLEASE RETURN YOUR COMPLETED FORM TO US EITHER:

- **IN PERSON TO: CPMO HOUSING OFFICE, 4A GILPIN ROAD, LONDON, E5 0HL**
OR
- **BY EMAIL TO - CPMO@Hackney.gov.uk**

TEL:020 8356 6300

