# Comments, compliments and complaints form

Please note: If you are filling this form in on behalf of someone else, please also complete Section B. The person you are complaining on behalf of should complete the Representative Authorisation form (Section C) to confirm that you have the authority to act their behalf.

Name of the department/section/service/person the complaint is about:

## Section A: Your details

Title: **\_\_\_­­­\_\_\_\_**

Forename(s): **­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate which of the following is your preferred method of communication:

Post  Telephone  Email

Address and post code:

Daytime contact number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile contact number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If our usual way of dealing with complaints makes 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 can help you.

## Section B: Making a complaint on behalf of someone else

Their full name:

Their address and post code:

Your relationship to them:

Why are you making a complaint on their behalf?

## Section C: Representative authorisation

I (full name of complainant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

of (full address of complainant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Confirm that I have authorised (full name of the person submitting the complaint on your behalf) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

to submit a complaint with the Council about

and understand that my representative may receive personal information relating to my complaint as part of the Council’s response.

Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Section D: About your complaint

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

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

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

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

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

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

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

7. If it is more than six months since you first became aware of the problem, please say why you have not complained before now:

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

Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Section E: Comment and compliment form

Please provide details of your compliment or comment below.

Thank you for providing this information.

When completed, please:

* hand in to either Neath or Port Talbot Civic Centre
* e-mail it back to the officer who sent the information to you
* post to (for the attention of the service / service area concerned):

Neath Port Talbot Council

Civic Centre

Port Talbot

SA13 1PJ