

COMPLAINTS FORM

(BLOCK CAPITALS – PLEASE USE BLACK INK)

Your Name (*Mr/Mrs/Miss/Ms) _____

Your Address _____

Postcode _____

Your Telephone Number: Home: _____

Work: _____

** delete as appropriate*

YOUR COMPLAINT (Please give as many details as you can and tell us what you think we should do to put things right. Please attach additional sheets if required):

(2,800 characters)

Signed _____ Date _____

Once completed, please post to: Public Affairs Unit, Thanet District Council, P.O. Box 9, Cecil Street, Margate, Kent CT9 1XZ

FOR OFFICE USE ONLY

Complaint Number _____

Date Received

Date Acknowledged

Date Initial Response

Date Actual Response