

**MERTHYR TYDFIL COUNTY BOROUGH COUNCIL
COMPLIMENTS, COMMENTS AND COMPLAINTS FORM**

| Please complete all sections on this page. If you are making a Complaint, please also complete page 2 of this form. | | | |
|---|--|---------|-----------|
| Your Details : | Name: | | |
| | Address: | | |
| | Postcode: | | |
| Your Telephone Number/s: | At Home: At Work: Mobile: | | |
| What is the best time for us to contact you? | | | |
| If you are completing this form on behalf of someone else, please give the name and address of the person wishing to make the Compliment, Comment or Complaint. | Name: | | |
| | Address: | | |
| | Postcode: | | |
| I would like to make a : | Compliment | Comment | Complaint |
| Please give details of your Compliment, Comment or Complaint here. (Continue on a separate sheet, if necessary) | | | |
| How would <u>you</u> like the matters put right ? | | | |

Signed: **Date:**

Please return your form to the Organisational Improvement Section, Room 432, Civic Centre, Castle Street, Merthyr Tydfil, CF47 8AN.

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| Please also complete this page if you are making a Complaint. | |
|---|--|
| If you have a Complaint, when did you first inform the Council of it ? | |
| If applicable, what is the name of the person you contacted ? | |
| If applicable, which service area did you contact ? | |
| If applicable, how did the member of staff or the section respond to your complaint ? | |
| Have you informed a Councillor about your Complaint ? (Yes/No) | |
| If so, what is the name of the Councillor you contacted ? | |
| If so, when did you contact the Councillor ? | |
| If so, what actions has the Councillor taken about your complaint ? | |

If you are making a Complaint, please return both pages of your form to the Organisational Improvement Section, Room 432, Civic Centre, Castle Street, Merthyr Tydfil, CF47 8AN.

| For Office Use Only | |
|--------------------------------------|--|
| Customer Complaint Reference Number: | |
| Name and Department: | |
| Date: | |