



# Tell us, we are listening

Complaints, compliments & comments

NAME

ADDRESS

PHONE NUMBER

E-MAIL ADDRESS (if you have one)

DEPARTMENT OR SECTION IF KNOWN (see page 2-3 of booklet for details of key service areas by department.)

.....  
.....

COMPLIMENT OR COMMENT?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

(see over for complaints section)

REVISED FEBRUARY 2014

**WHAT IS YOUR COMPLAINT?** .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**WHEN DID IT HAPPEN?** .....

.....  
.....  
.....

**WHAT WOULD YOU LIKE US TO DO?** .....

.....  
.....  
.....  
.....  
.....  
.....

**SIGNATURE** ..... **DATE** .....

Would you like a written reply?  Yes  No