



# Castle Point Borough Council

## Complaint form

Our fact sheet *Comments, suggestions and complaints* explains our complaints procedure. This form is designed to help you ask a department to arrange an investigation of your complaint or to ask the Chief Executive to arrange further investigation if you are dissatisfied with a departments response to your complaint.

**Data Protection Act 1998** - We will only process your personal data in order to respond to your comments and suggestions. In general it will be used for administrative and statistical purposes.

**Please tick the appropriate boxes.**

1. Mr  Ms  Mrs  Miss  Other

First Name:

Last Name:

2. Your Address:

Postcode:

3. E-mail Address:

4. Daytime phone number:

Evening phone number:

5. Which Council service is your complaint about?

6. What do you think the Council did wrong or did not do?

7. How have you been affected?

8. What do you think the Council should do to put things right?

9. Have you raised the matter with staff concerned?      **Yes**         **No**  

If **Yes**:      **(a)** what is the name of this person and where are they based?

Name:

Location:

(b) on what date did you complain?

(c) was your complaint in writing? Yes  No

(d) have you received a written reply? Yes  No

(e) what date was the reply:

10. Are you asking a department to investigate your complaint? Yes  No

11. Have you previously complained in writing to a department? Yes  No

If Yes: (a) which department did you write to?

(b) on which date did you write?

(c) have you received a written reply? Yes  No

(d) what date was the reply?

12. Are you asking the Chief Executive to arrange further investigation because you are dissatisfied with a department's response to your complaint. Yes  No

13. If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please use the space below to tell us how we might help you.

14. If you have any documents to support your complaint, please send these with this form.

Please tick the box if you would like them returned to you

We will send you an acknowledgement within 5 working days of receiving your communication and tell you who will be dealing with it and how long it will take to send you a full reply. We try to respond quickly and reply within 20 working days.

**To be signed by the person making the comments or suggestions:**

Your signature:

Date:

## Confidential

To help us monitor the accessibility of our services, we ask you to provide the following information about yourself. This will not affect the way your comments or suggestions will be dealt with.

**Please tick the appropriate boxes.**

**A.** Ethnic Group:

### White

British   
Irish   
Any other White background

### Black or Black British

Caribbean   
African   
Any other Black background

### Mixed

White and Black Caribbean   
White and Black African   
White and Asian   
Any other mixed background

### Chinese

Chinese

### Asian or Asian British

Indian   
Pakistani   
Bangladeshi   
Any other Asian background

### Other Ethnic Group

Any other group

**B.** Sex: Male  Female

**C.** Age: Under 16  16-19  20-24  25-59  60-64  65 & above

**D.** Are you a disabled person? Yes  No

**Thank you for completing this form. Please print the form, sign it in the space provided above and send it to the Customer Care Officer, Castle Point Borough Council, Council Offices, Kiln Road, Thundersley, Benfleet, Essex, SS7 1TF.**