LEAFIELD PARISH COUNCIL

Compliments and Complaints Form

Date Received_____

How would you like to be contacted? Your contact details:	Email □	Letter □	Telephone □
If you would prefer to be contacted by telephon please tell us the best time to contact you:			
Please give details of your compliment or comp	laint:		
If necessary, please continue over the page			
Have you spoken to, emailed or written to anyo	ne at the Co	ouncil?	Yes / No
If yes, please give their name:			
What have and as a result of this south of			
What happened as a result of this contact?			
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What outcome are you looking for (ie what wou way for the Council to resolve your complaint)?	ld be the be		
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Please note that complaints will be treated in the strictest confidence. The names of those making a complaint and details of the complaint will only be disclosed to those members of staff needing to know for the purposes of the investigation. The Parish Clerk may also inform the Chairman.

Please return this form to the Parish Clerk: Mrs Anne Ogilvie, 6 Manor Court, Chadlington, Oxon, OX7 3LW, 07756 333703, clerk@leafieldparishcouncil.org