



**CITY OF ELY COUNCIL, SESSIONS HOUSE, LYNN
ROAD, ELY, CAMBS CB7 4EG**

COMPLAINT FORM

1. On completion of this form please return it in a sealed envelope marked 'confidential' to: The Clerk to the Council' or the 'Chairman of the Council' whoever is appropriate, at the above address.
2. Complaints will be dealt with according to the Council's Complaint's procedure.
3. Your complaint may be for another organisation. If you require guidance please enquire at the Council offices or contact a Councillor.
4. A copy of the Council's Complaints Procedure is attached. Please contact the Clerk to the Council, should you have any queries.

Nature of Complaint: _____

Name: _____

Address _____

Postcode _____

Telephone No (_____) _____

Date of complaint _____

1. What do you want to complain about for which the PARISH COUNCIL may be responsible for. (Give full details and use a separate sheet of paper if necessary).

2. What do you feel went wrong?

3. How would you want the Council to put this right?

4. Have you ever made a complaint to the Council before? ☐ Yes ☐ No

If yes, give details

5. Have you contacted a Parish Councillor about the matter ☐ Yes ☐ No

If yes,

Name of Parish Councillor: _____

Signature of complainant _____

Date _____