** LAVENHAM  PARISH  COUNCIL**

**COMPLAINTS FORM**

The Council is unable to accept anonymous complaints.

**PLEASE PRINT ALL CONTACT DETAILS**

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| --- | --- | --- |
| Title: | First Name: | Surname: |
| Address |  |
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|  |  |
|  |  |
|  |  | Postcode: |

|  |  |
| --- | --- |
| Daytime Phone Number |  |
| Evening Phone Number |  |
| E-Mail Address |  |

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|  1. Please describe the circumstances you are complaining about.  |
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| 2. What do you consider the Council has done wrong or failed to do? Please give us as much detail as possible including times and dates where you have them. |
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| 3.Please describe the inconvenience or harm you feel that you have suffered as a result. |
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| 4. What do you think the Council can do to sort things out? |
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| **Signature and date:** |  |

**Document control**

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| --- | --- |
| Version and date | Adopted |
| Created June 2025 V1.0 | Adopted at Full Council meeting 3 July 2025 |