

BRIDGEND COUNTY BOROUGH COUNCIL

SOCIAL SERVICES

REPRESENTATIONS & COMPLAINTS PROCEDURE

COMPLAINT FORM
(FOR COMPLETION BY COMPLAINANT)

Name	Age (if under 18)
Address.....	
.....	
Postcode	Telephone Number

If complaint being made on behalf of someone else please give details of that person:	
Name	Age (if under 18)
Address.....	
.....	
Postcode	Telephone Number
Relationship to complainant	
Is this person aware that you are complaining on their behalf? YES/NO	

**IF YOU REQUIRE ASSISTANCE TO COMPLETE THIS FORM PLEASE
ASK – THERE IS SOMEONE AVAILABLE TO HELP.**

About your complaint

Which Service are you complaining about?

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Do you know the name of the officer who has been providing the service to you?
(Give details if known).

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Details of Complaint

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(Use additional sheet if necessary)

Have you complained about this concern before? If yes, please give details of:

Who you spoke to

What action was taken at the time

What do you want to happen as a result of your complaint?

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Signed Dated

Please return this form either direct to the Service concerned or to the Designated
Complaints Officer, Sunnyside, Bridgend, CF31 4AR.