

















## Southend-on-Sea Borough Council Children's Services



## Compliments / Comments / Complaints Form

se tick the appropriat	te box	
mpliments	Comments	Complaints
Name:		
Address:		
Postcode:		
Home Tel:		Work Tel:
Email:		
Which Service or 1	Feam is your commer	nt/compliment/complaint about?
Cive details of your	r complaint including	datas and the name of any staff
		dates and the name of any staff of space please use extra paper
Your suggestion to	o resolve your compla	aint
Signed:		Dated:

·	e statutory system by answering a few questions. fidential and we will not use it when investigating			
Are you	Male Female			
Are you disabled	Yes No			
Your Ethnic Origin – Please tick the appropriate box				
White – British, Irish, other white background				
Mixed – White and Black Caribbean	Caribbean			
White and Black African	African			
Other mixed background	Any other black background			
Other ethnic groups	Asian or Asian British			
Chinese	☐ Indian ☐			
Any other ethnic group	Pakistani			
	Bangladeshi			
	Any other Asian background			
Help with making a comment/compliment/complaint  Do you need any of the following to make your comment/compliment/complaint  Sign language interpreter  Braille  Large print  Interpreter  If you need an Interpreter, please tell us which language you will be using				
What age group are you? Under 18				
You can hand this form in to reception, to your Social Worker or return directly to:  The Complaints Manager  Department of Children's Services  Southend-on-Sea Borough Council,  8 <sup>th</sup> Floor, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ER				

Fair and Equal Access