Compliments / Comments / Complaints Form

Please tick the appropriate box

Compliments ☐  Comments ☐  Complaints ☐

Name:...........................................................................................................................................

Address:......................................................................................................................................

..........................................................................................................................................................

Postcode:...........................................................................................................................................

Home Tel:..............................................  Work Tel:.................................................................

Email:...............................................................................................................................................

Which Service or Team is your comment/compliment/complaint about?

Give details of your complaint including dates and the name of any staff involved, if you know them. If you run out of space please use extra paper.

Your suggestion to resolve your complaint

Signed:..............................................  Dated:.................................................................
Fair and Equal Access

Help us to monitor fair and equal access to the statutory system by answering a few questions. We will keep any information you give us confidential and we will not use it when investigating your complaint

Are you

[ ] Male  [ ] Female

Are you disabled

[ ] Yes  [ ] No

Your Ethnic Origin – Please tick the appropriate box

White – British, Irish, other white background

[ ] Black or Black British

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

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What age group are you?

Under 18 [ ] 18 – 30 [ ] 31 – 64 [ ] 65+ [ ]

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,
8th Floor, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ER