Comments, Compliments and Complaints –
Customer Feedback Form

Title: _______________ First Name: _______________ Surname: _______________

Address: ________________________________________________________________
______________________________________________________________
_______________________________________________________________________

Postcode _______________

Phone Number: _________________________________________________________

Email Address: _________________________________________________________

Preferred method of reply: ☐ In writing ☐ By phone ☐ By email

Do you have a: ☐ Comment ☐ Compliment ☐ Complaint

Your Comment, Compliment or Complaint

Please provide full details, including the service or name of the officer that you dealt with, and when (an approximate date will be fine). Continue on a separate sheet if necessary.
Complaints Only

Have you raised this complaint with the Council before? ☐ Yes ☐ No

If Yes, it would be helpful if you could tell us with whom you dealt with and what action, if any, was taken.

What do you feel the Council can do now to resolve your complaint?

Signed: _______________________________  Date: _______________________________

Thank you for answering these questions and providing us with your feedback on our services. We will endeavour to respond fully within five working days.

Please return your completed form to:

Customer Comments, Rochford District Council, South Street, Rochford, Essex SS4 1BW

For office use only

| Reference: | _______________________________ |
| Date received: | _______________________________ |
| Dealt with by: | _______________________________ |
| Date concluded: | _______________________________ |