

Comments Form

Complainants Details:

Surname

First Name(s)

Date of Birth / /

Address details

.....

..... **Post Code**

Telephone Number

E-mail Address

Gender Male/Female

Details of person making the complaint on behalf of someone else:

Surname **First Name(s)**

Address details

.....

..... **Post Code**

Telephone Number

E-mail Address

Have you got their permission to act on their behalf? Yes / No

Complainant's Signature **Date**

Representative's Signature **Date**

CF Feb 14

What are you unhappy about?

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What can we do to put this right (if applicable)?

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Please return this form to Complaints Manager, Middlesbrough Council,
Legal & Democratic Services, PO Box 503, Town Hall, Middlesbrough, TS1 9FX

