

COMPLAINT FORM

Complaints about Councillors: Ref

Customer details

=====

Title:

First name:

Surname:

Address:

Telephone number:

Mobile number:

Work number:

Email:

Confirm your email:

Please tell us which statement best describes you: *Dropdown box*

Details:

Member details

=====

Title:

First name:

Surname:

Council or authority name:

Title:

First name:

Surname:

Council or authority name:

Title:

First name:

Surname:

Council or authority name:

Additional Councillors

Complaint details

=====

Please provide details of your complaint.

Do you wish to request that your identity is kept confidential?

Confidentiality details

=====

Please provide details as to why you believe details of your name and/or details of your complaint should be withheld. The box will expand to accommodate an unlimited number of words.

Desired outcome

=====

Please indicate the desired outcome you are looking for or hoping to achieve by submitting this complaint. The box will expand to accommodate an unlimited number of words.

Equality monitoring

=====

This section is optional.

Are you prepared to provide some personal information for monitoring purposes?

Are you:

How old are you?

Do you consider yourself disabled?

Please confirm the nature of your disability:

Other:

Ethnicity:

Religion:

Sexuality:

Is your gender identity the same gender you were assigned at birth?

Are you married?

Are you in a civil partnership?