

Complaint Reference No.



STOKESLEY TOWN COUNCIL COMPLAINT FORM

To: the Clerk to / the Chairman of¹ the Town Council

Please complete the contact information in the box below:

Name	<input type="text"/>
Address	<input type="text"/>
Daytime Tel No.	<input type="text"/>
E-Mail Address	<input type="text"/>
Date of Incident	<input type="text"/>
Date of Complaint	<input type="text"/>

Do you wish this complaint to be dealt with confidentially?

Yes / No¹

Details of Complaint:

Please provide as much information as possible including the date the problem arose, location, names of parties concerned etc.:

<input type="text"/>

Please use the continuation sheet if necessary.

Office Use Only

<i>Dates of Contacts</i>	<input type="text"/>
<i>Resolution Details</i>	<input type="text"/>

¹ Delete as required
SPC Complaint Form v1.01

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STOKESLEY TOWN COUNCIL COMPLAINT FORM – CONTINUATION SHEET