

③ Background to your complaint

Have you already complained to the Council?	Yes <input type="radio"/>	No <input type="radio"/>
If yes -		
(a) what is the name and job title (if known) of the person you complained to?		
(b) on what date did you complain?		
(c) was your complaint made in writing?	Yes <input type="radio"/>	No <input type="radio"/>
(d) have you received a written reply?	Yes <input type="radio"/>	No <input type="radio"/>

Have you complained, in writing, to a councillor?	Yes <input type="radio"/>	No <input type="radio"/>
If yes -		
(a) what is the name of the councillor you wrote to?		
(b) on what date did you write?		

④ Putting matters right

How do you think we can put matters right for you? Be as specific as you can.

⑤ Do you need help?

If there is anything, which makes it difficult for you to use our complaints' procedure, for example, English, is not your first language or you have a disability, please use the space below to tell us how we might help you.

Your signature	Date
-----------------------	-------------

Please return this form to Maldon District Council, Princes Road, Maldon, Essex, CM9 5DL

