SOLIHULL PARISH

COMPLAINT FORM

This form should be completed with reference to the Solihull Parish Complaints Policy and Procedure. When complete it should be returned to the PCC Complaint Handler whose details are given at the end of the Policy. Completion the form assumes you are happy to be contacted, whether for further information, to discuss how things might best be remedied, and to share the PCCs decision (whether the complaint has been upheld).

Your Name:
Your Contact Details: Address: Contact Telephone Number: Email address:
Please give details of your complaint, including whether you have spoken to anybody about it. Name of the person(s) against whom this complaint is made: Date and time: Place: What happened: (Please continue overleaf if necessary).

Are you attaching any further evidence or paperwork? If so, please state exactly what.
What actions would you like to see, or do you think might resolve things at this stage?
I confirm that the contents of this statement are an accurate and truthful account of events. Signed: Date:
Official use
Date complaint received:
Date acknowledgement sent:
By whom:
Complaint referred to:
Date of referral:
Summary of outcome: