



Shetland Islands Council

COMPLAINT FORM

YOUR NAME (block letters please).....

YOUR ADDRESS.....

.....

POST CODE..... YOUR TELEPHONE.....

Please give details of your complaint here (continue overleaf if necessary).

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WHEN DID YOU FIRST TELL THE COUNCIL ABOUT THIS COMPLAINT?

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WHAT IS THE NAME OF THE PERSON YOU CONTACTED AND WHICH DEPARTMENT DID YOU CONTACT?

NAME..... DEPARTMENT.....

HOW DID THE OFFICER/DEPARTMENT RESPOND TO YOUR COMPLAINT?

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HAVE YOU TOLD A COUNCILLOR ABOUT YOUR COMPLAINT? (YES / NO)

IF YES, WHEN?..... COUNCILLOR'S NAME.....

What would you like the Council to do to put the matter right?

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(Continue overleaf if required)

Signed..... Date.....