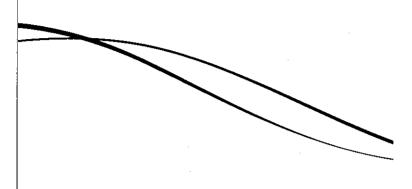
Please send your completed form to:

Information Governance and Complaints Municipal Offices Town Hall Square Grimsby North East Lincolnshire DN31 1HU



Thank you for your feedback

Details of the issues you have raised, along with your name and address is stored by us in a secure data base and is used to only respond to your query, to address the issue you have raised, and for improving our services. Unless you have agreed otherwise, the information you supply will not be used for any other purpose. We may contact you on rare occasions to ask for feedback on the service. We may also produce reports on the use of the service to enable us to monitor and develop it. These reports will be based on anonymous data and no individuals will be identified.

Your complaint will be treated in strict confidence, with all personal information provided processed in accordance with the Data Protection Act. As part of the investigation we will review the records and information held relevant to your complaint.

Say It!!



Tell us what you think

Compliments, Complaints, Suggestions Form

Please indicate the type of feedback you are providing					
Compliment _	Compl	aint \square	Sugges	tion _	
Would you like h	elp with your	complaint?	Yes 🗌	No 🗌	
How would you prefer to be contacted					
Phone	Email 🗌	Post			
Name:					
Date:	*******************************				
Address:	***************				
	******************	***************************************			
***************************************	**********	***************************************			
Tel:		***************************************			
Email:					
	***************************************		************	**********	
Please provide	us with detai				
	us with detai				
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/ 	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	
Please provide complaint/sugg	us with detai	ils of your c	omplime	nt/	

	Equal Opportunities Monitoring.	
	The council is committed to ensuring that no-one is	
	treated less favourably, on the grounds of ethnic origin, age, gender or disability. The information you supply will	
	help us to ensure we reach all communities and deliver	
	fair services to everyone. You do not have to complete this form, but it would help us if you do. All information will be	
	held in accordance with the Data Protection Act.	
	*please specify if you wish	
	Gender	
	Male Female Transgender	
	Do you have a disability?	
	Yes No No	
	How do you describe your ethnic origin?	
	White	
	Mixed/Multiple Ethnic	
Address this feedback relates to, if applicable.	Asian/Asian British	
	Black/African/Caribbean/Black British	
	Other ethnic group	
	Please provide further details regarding your specific ethnic origin	
Paris d Order		
Desired Outcome:	Tick the age group you belong to	
	9 or under 10-14 15-19 20-29	
	30-44 45-59 60-64 65 and over	
	Prefer not to say	