**ARGYLL AND BUTE COUNCIL**

**Complaints Form**

 **Please use block capitals**

**Name:** …………………………………………………………………………………………..

 **Address:** …………………………………………………………………………………………

…………………………………………………………….. **Postcode:** …………………………..

**Tel No:** ……………………………………. **Email:** …………………………………………….

 **What is your complaint?**

 **(Please give as much information as possible)**

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**How would you like us to resolve the matter?**

………………………………………………………………………………………………………

………………………………………………………………………………………………………

 ………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**Your Signature:**  …………………………………………. **Date:** ……………………………

**Please return the completed form to: Any Argyll and Bute Council Office or send by email to:** **complaints@argyll-bute.gov.uk**