

Complaints Form

It would assist us if you could complete this form to make your complaint. If you prefer you can make a complaint by e-mail, in person, by phone, by letter, or by using our online complaints form at www.torbay.gov.uk/complaints. When you have completed this form please send it to the Service Area concerned or hand it in to any of our Connections offices or reception areas.

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The information you provide on this form will be used to provide you with a response in relation to your complaint, and may be disclosed to other departments within the Council in order to help us process your complaint. The information you provide will be processed in accordance with the Data Protection Act, 1998, and, in particular, will be retained for as long as necessary for us to process your query, as well as in line with applicable legislation and our own retention policy. By completing this form, you acknowledge that you have read and understand this Data Privacy statement, and that you agree that Torbay Council may process personal data relating to you for the purposes detailed above, and in accordance with the relevant legislation. If you wish to access your personal information at any time please contact the Information Governance Team on 01803 207466; 01803 207467.

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Have you complained about this issue before? Yes No If yes, please give details below e.g how long ago?
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What would you like us to do to put things right?
What would you like us to do to put things right:
How would you like to receive your response? Please cross (X) all that apply
Letter E-mail Telephone call Face to Face Other
If other, please specify below.
If you have any special requirements that would help you understand our response, for
example if English is not your first language or if you have a disability, please let us know
how we might help you below.
Are you? Male Female
Which of the following age groups apply to you?
0-15 16-24 25-34 35-44 45-54 55-64 65-74 75+
What is your ethnic origin?
White British Irish Mixed White & Black Caribbean White & Black African White & Asian
Delistani Dengaladashi
Asian or Asian British Indian Pakistani Bangladeshi Caribbean African
Black or Black British Caribbean Arrican Chinese Chinese
Any other Ethnic Group
And finally, do you consider yourself to be disabled in any way? Yes No If yes, please tell us how it affects you
it affects my mobility
it affects my hearing
It affects my vision
It affects me in another way (please state below)
Thank your comments, places return your completed form to:
Thank you for your comments, please return your completed form to: Feedback Manager, Torbay Council, Town Hall For office use only
Torquay, TQ2 5TF 2957152506 Or to any connections office, reception or library in Torbay.