# Comments, compliments and complaints form

Please note: If you are filling this form in on behalf of someone else, please also complete Section B. The person you are complaining on behalf of should complete the Representative Authorisation form (Section C) to confirm that you have the authority to act their behalf.

Name of the department/section/service/person the complaint is about:

## **Section A: Your details**

Title: **\_\_\_­­­\_\_\_\_**

Forename(s): **­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate which of the following is your preferred method of communication:

Post  Telephone  Email

Address and post code:

Daytime contact number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile contact number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If our usual way of dealing with complaints makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we can help you.

## **Section B: Making a complaint on behalf of someone else**

Their full name:

Their address and post code:

Your relationship to them:

Why are you making a complaint on their behalf?

## **Section C: Representative authorisation**

I (full name of complainant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

of (full address of complainant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Confirm that I have authorised (full name of the person submitting the complaint on your behalf) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

to submit a complaint with the Council about

and understand that my representative may receive personal information relating to my complaint as part of the Council’s response.

Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Section D: About your complaint**

Please continue your answers to the following questions on a separate sheet(s) if necessary.

1. Name of the department/section/service you are complaining about:

2. What do you think they did wrong, or failed to do?

3. Describe how you personally have suffered or have been affected:

4. What do you think should be done to put things right?

5. When did you first become aware of the problem?

6. Have you already put your concern to the staff responsible for delivering the service? If so, please give brief details of how and when you did so:

7. If it is more than six months since you first became aware of the problem, please say why you have not complained before now:

If you have any documents to support your complaint, please attach them with this form.

## **Section E: Comment and compliment form**

Please provide details of your compliment or comment below.

In signing this form, I hereby agree to the personal information contained in this form being used by Neath Port Talbot Council.

Neath Port Talbot Council is the data controller for personal information you provide on this form. Your information will be used in the exercise of our official authority (as prescribed by statute) and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law. In the event of the requirement to progress to a Stage 2 investigation, we will share your data securely with the independently appointed investigating officer under our data sharing agreement. The information will be held by the Neath Port Talbot Council for a period of 10 years.

In the event you wish to withdraw your consent to use of this information you may notify the Neath Port Talbot Council at any time.

In the event of any queries regarding use of your personal data or to make any complaint regarding the collection please contact the Neath Port Talbot Council’s Data Protection Officer Civic Centre, Port Talbot, SA13 1PJ.

Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for providing this information.

When completed, please:

* hand into either Neath or Port Talbot Civic Centre
* e-mail [complaints@npt.gov.uk](mailto:complaints@npt.gov.uk)
* post

Social Services Complaints Officer

Social Services, Health & Housing

Neath Port Talbot Council

Civic Centre Neath

Neath

SA11 3QZ