## Middlesbrough Council Department of Social Care



Complaints about services provided or commissioned by the Department of Adult Social Care or Public Health Services.

## **Comments Form**

## **Complainants Details:**

Surname		
First Name(s)		
Date of Birth / /		
Address details		
Telephone Number		
E-mail Address		
Gender Male/Female		
Details of person making the complaint on behalf of someone else:		
Surname First Name(s)		
Address details		
	Post Code	
Telephone Number		
E-mail Address		
Have you got their permission to act on their behalf?	Yes / No	
Complainant's Signature	Date	
Representative's Signature	Date	

CF Feb 14

What are you unhappy about?	
What can we do to put this right (if applicable)?	
Please return this form to Complaints Manager, Middle	esbrough Council,

Legal & Democratic Services, PO Box 503, Town Hall, Middlesbrough, TS1 9FX

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