

ARGYLL AND BUTE COUNCIL

Complaints Form

Please use block capitals

Name:

Address:

..... Postcode:

Tel No: Email:

Does the Complaint relate to a young person under 18 Yes/No If Yes:

Young Person's Name

Young Person's Date of Birth

What is your complaint?
(Please give as much information as possible)

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How would you like us to resolve the matter?

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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