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