

## **Complaint form**

### If you have not already done so, please read our leaflet 'How to complain to Dartford Borough Council'.

We encourage you to raise your complaint directly and informally with the staff member you have been dealing with.

If you have not been dealing with anyone or do not know who to contact about your complaint, or if you need advice or help in filling out this form, contact our Customer Services, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR.
Telephone: 01322 343434 and we welcome calls by NGT Relay

Email: complaints.officer@dartford.gov.uk

Once you have completed this form please save it and email it to: complaints.officer@dartford.gov.uk or alternatively please print it and send it (with the monitoring form) to: Corporate Complaints Officer, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR

#### Privacy policy - your personal information

Dartford Borough Council supports the objectives of the Data Protection Act 1998 and is registered as a data processor. If you use our complaints procedure, you are agreeing that we can use any personal information you send us for purposes connected with your complaint. We may also give your personal information to other people and organisations if we have to do so by law or if you have given us permission.

Please fill in this form online, save it and then email it to: complaints.officer@dartford.gov.uk

# Please complete this form as clearly and accurately as you can

1.	Mr Ms Mrs Miss Other (please insert)			
	First name:	Surname:		
2.	Address:			
	Postcode:			
	Email:			
3.	Daytime contact phone number:			
	Note: Please put in the telephone number where we can contact you between 9am and 5pm.Tell us if it is your home or work, or the number of a neighbour or friend. If you do not have a daytime contact number, please put down a number with an answerphone where we can leave a message during the day. If you do not have any of these, please leave this section blank.			
4.	Your special requirements:			
	lf anything makes it difficult for you to use our service, fo have a disability, please use the space above to tell us ho			
5.	Is your complaint about a particular perso	on or department?		
	Name of person:			
	Name of department:			
6.	What is the nature of your complaint?			

# Please complete this form as clearly and accurately as you can

7.	How has this affected you?					
8.	What do you think the Council should do to put things right?					
	It will help us to deal quickly with your complaint if you send us copies of any letters or documents about it.					
	Your signature:	Date:				
	To be signed by the person making the complaint or by the person representing the complainant.  Note: You can ask someone to help you with your complaint: this can be the Citizen's Advice Bureau or ot organisations (see the leaflet 'How to complain to Dartford Borough Council'), or your local Councillor, or friend or relative as long as they have your permission to represent you. We will help you to complete the you ask us.					
This section is for Dartford Borough Council use only						
If completed by Customer Services, or another Council Officer, nature of the complaint must be confirmed with the complainant and a copy of this form sent/given to the complainant.						
N	ature of complaint confirmed with the con	mplainant? Yes 🗌 No 🗌				
D	ate:					
C	opy of this complaint form to the complainant?  Yes  No					
H						
ıυ	ate:					

### **Monitoring our Comprehensive Equality Policy**

We want to find out if we are giving as good a service as we can to all complainants. To help us do this, please fill in this form and send it to us. If more than one person has made the complaint, it would be helpful if only one fills in the form. The information we get from all replies will help us review and decide how we can assist as many people as possible. This information will not be sent to the service department you are complaining about and will not affect the way your complaint is handled.

Note: Ethnic groups are not about nationality, place of birth or citizenship. They are about colour and cultural background.

1.	Ethnic Group		
	White: British Any other white background	Irish	
	Mixed White and Black Caribbean White and Asian	White and Black African Any other mixed background	
	Asian or Asian British Indian Bangladeshi	Pakistani Any other Asian background	
	Black or Black British Caribbean Any other black background	African	
	Chinese	Other ethnic group	
2.	<b>Sex</b> Male	Female	
3.	<b>Age</b> Under 16 16 -19 20 -24	25-59 60-64 65 and above	

(continued overleaf)

### **Monitoring our Comprehensive Equality Policy**

4.	If you have a disability, what is its nature?				
	Difficulty getting around		Hearing difficulty		
	Difficulty seeing		Learning difficulty		
	Mental health problems		Other		

#### Notes to help you fill in the complaint form

If you or anybody you know requires this or any other Council information in another language, please contact us and we will provide this for you. Braille, audio tape and large print versions of this document are available upon request.

Tel: 01322 343434

Fax: 01322 343422

Email: customer.services@dartford.gov.uk

Calls are welcome via NGT Relay

ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਅਨੁਵਾਦ ਲਈ ਜਾਂ ਹੋਰ ਜਾਣਕਾਰੀ ਲਈ ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ 01322 343610 ਤੇ ਫ਼ੋਨ ਕਰੋ ਪੰਜਾਬੀ

இந்த ஆவணத்தின் மொழிபெயர்ப்பிற்கு அல்லது மேலதிக தகவல்களுக்கு 01322 343611 க்கு அழையுங்கள்

தமிழ்

W celu uzyskania t³umaczenia tego dokumentu lub dalszych informacji, prosimy o kontakt pod numerem 01322 343612

Polski

Pokud si přejete obdržet překlad tohoto dokumentu nebo další informace, volejte číslo 01322 343613

česky

如欲索取这份文件的中文翻译或有意查询,请致电 01322 343614 联系。

简体中文

Pour une traduction de ce document ou pour plus d'information appeler 01322 343615

Français

## **DARTFORD**BOROUGH COUNC L

The Corporate Complaints Officer, Civic Centre, Home Gardens, Dartford Kent DA1 1DR Tel: 01322 343434 Fax: 01322 343422

 $\hbox{E-mail: complaints.officer@dartford.gov.uk Website: www.dartford.gov.uk}\\$