

**PORT SUNLIGHT VILLAGE TRUST**  
**COMPLAINTS & FEEDBACK FORM**



**Part 1**

Date: \_\_\_\_\_

Concern  Complaint  Comment

Compliment  Suggestion  Thank You

**Section A: Details of person providing feedback**

First Name		Surname	
Address <i>(including post code)</i>			
Email			
Telephone	Daytime:	Evening:	

*If you are completing this form on behalf of someone else please complete the following section*

**Section B: Details of person providing feedback / making a complaint on behalf of someone else.  
(Please ensure consent has been provided to do so).**

First Name		Surname	
Address <i>(including post code)</i>			
Email			
Telephone	Daytime:	Evening:	

**Section C: Details of Complaint / Feedback?**

**In this section please provide as much detail about the complaint / feedback as possible e.g. names, dates, times, locations. In the case of a concern / complaint it would be helpful if you could advise what you think should be done to resolve the issue and prevent it from happening again.**

*Continue overleaf*

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have any documentation in support of this issue/feedback please attached them to this form.**

Once completed, forward this form and any supporting documentation to:

Port Sunlight Village Trust  
23 King George's Drive  
Port Sunlight  
Wirral  
CH62 5DX

Or email to [feedback@portsunlightvillage.com](mailto:feedback@portsunlightvillage.com)

**If you would like to discuss any aspect of this process with us, please contact our office between 9am – 5pm Monday to Friday: 0151 644 4800**

*For internal use only*

<i>Date received</i>	
<i>Date logged</i>	
<i>Logged by</i>	