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 *(including post code)*			
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 *(including post code)*			
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

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

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

Date received	
Date logged	
Logged by	