



CORPORATE COMPLAINTS PROCEDURE SATISFACTION SURVEY

For office use only.	
Name of Complainant:	
Service:	
Investigating Officer:	
Status of Complaint:	Stage 1/Stage 2 (delete as appropriate)

Did you find it easy to make your complaint: **YES/NO**
 (If you answered NO please provide brief details of any difficulties you experienced)

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Did you receive an acknowledgement from the Service which explained how your complaint would be dealt with? **YES/NO**

Were you satisfied with the outcome? **YES/NO**
 (If you answered NO please provide brief details as to the reason(s) why)

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Were you happy with the way in which your complaint was handled? **YES/NO**
 (If you answered NO please provide brief details as to the reason(s) why)

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Would you like your complaint to proceed to the next stage of investigation under our procedures? **YES/NO**

Signed: Date:

IT WOULD GREATLY ASSIST THE COUNTY COUNCIL IN ACHIEVING ITS AIM OF PROVIDING HIGH QUALITY SERVICES IF YOU WOULD PLEASE RETURN THIS FORM IN THE PRE-PAID ENVELOPE PROVIDED