**Lilford Wigsthorpe Thorpe Achurch Parish Council**

**Complaints Form**

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| Your name: |  |
| Your telephone number(s): |  |
| Your email address: |  |
| Your postal address: |  |
| Do you wish your complaint to be treated confidentially? |  |
| What your complaint is about (please provide as much detail as you can, and attach any supporting evidence or information): |  |
| What harm, disadvantage, or loss have you suffered? |  |
| What remedial action would you like the council to take? |  |
| Any other comments |  |