

## MACCLESFIELD TOWN COUNCIL COMPLAINTS FORM

<b>Complainants Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Mobile Number:</b>	
<b>Email address:</b>	
<b>Date of complaint:</b>	
<b>Describe in detail the nature of your complaint:</b>	
<b>Do you wish the complaint to be handled confidentially?</b>	<b>Yes / No</b>
<b>Name of person you first complained to:</b>	
<b>Signature of complainant:</b>	
<b>Date:</b>	

**For Macclesfield Town Council use only**

<b>Received by:</b> <b>Date:</b>	
<b>Passed to:</b>	<b>Town Clerk / Town Mayor</b>
<b>Town Clerk or Town Mayor signature:</b>	
<b>Date:</b>	