



Complaint Form

A: Details of the person making the complaint

Title: _____

Name: _____

Address: _____

Email: _____

Phone No: _____

Please state which is your preferred method of contact:

Your requirements

If you have any difficulty with this form or making your complaint, please tell us so that we can discuss how we might help you. The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B. Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned.

B: Details of a person making a complaint on behalf of someone else:

Full Name: _____

Address: _____

Relationship to the person making the complaint:

Why are you making a complaint on their behalf?

C: About your complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

What do you wish to complain about?

Describe how the person affected suffered or has been affected:

What do you think should be done to put things right?

Have you already put your concern to the staff responsible for delivering the service? If so, please give brief details of how and when you did so.

Signature: _____

Staff member signature: _____ (if filling out on behalf of complainant)

Date: _____

If you have any documents to support your concern/complaint, please attach them with this form.

When you have completed this form, please send it to:

*Complaints Officer, Customer Service, Wicklow County Council, County Buildings,
Station Road, Wicklow Town, Co. Wicklow, A67 FW96*

Or email to CustomerService@wicklowcoco.ie