Middlesbrough Council Department of Social Care



Complaints about services provided or commissioned by the Department of Adult Social Care or Public Health Services.

Comments Form

Complainants Details:	
Surname	
First Name(s)	
Date of Birth/	
Address details	
	Post Code
Telephone Number	
E-mail Address	
Gender Male/Female	
Details of person making the complaint on behalf of s	someone else:
Surname First Name(s)	
Address details	
Telephone Number	
E-mail Address	
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Have you got their permission to act on their behalf?	Yes / No
Complainant's Signature	Date
Representative's Signature	Date

CF Feb 14 What are you unhappy about? What can we do to put this right (if applicable)?

Please return this form to Complaints Manager, Middlesbrough Council, Legal & Democratic Services, PO Box 503, Town Hall, Middlesbrough, TS1 9FX