



ST AUSTELL TOWN COUNCIL

Addendum 1 - COMPLAINTS FORM

CONTACT DETAILS	
Title:	
First Name:	
Surname:	
Address:	
Postcode:	
Telephone No:	
E-mail address:	

COMPLAINT DETAILS	
Please give details of the complaint (continue on separate sheet if necessary):	
What do you want us to do to rectify this problem:	
Have you complained about this matter before:	
If yes, when:	