  

**Complaints and Compliments Feedback Form**

This form is for when you want to make a complaint about an Advonet Group service.

It is also for if you want to say something good about an Advonet Group service.

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|  | **Name** |
|  |
|  | **Home and mobile phone numbers** |
|  |
|  | **Email address** |
|  |
|  | **Postal address** |
|  |
|  | **Brief details of your complaint or compliment. These should include dates and names if they are important.** |
|  |
|  | **If this is a complaint, what would you like to happen to sort it out?** |
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| --- |
| **How would you like us to contact you?** |
| [ ]  | [ ]  | [ ]  |

|  |
| --- |
| **Do you need any support to make your complaint?** |
| Yes[ ]  | No[ ]  |
| **If you said ‘Yes’, please tell us what help you need** |
|  |

 

Please sign below to show you understand all this information and agree with how we will store your details.

|  |  |
| --- | --- |
| **Print name** |  |
| **Signed** |  | **Date** |  |

