



**Details of your complaint** (Please use block capitals)

Name	
Address and Postcode	
Tel No (Daytime)	
e-mail address	

Details of your complaint

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Please complete the boxes overleaf

<p>How do you feel that West Berkshire Council has let you down?</p>	
<p>If you have suffered harm or loss please Give details:</p>	
<p>What do you think the Council should do now?</p>	
<p>Have you spoken to anyone at the Council about this matter? If so please give details such as Officer's name, department:</p>	

Do you feel the Council discriminated against you?

Yes

No

*If yes, please provide details*

Please complete both sides of this form, using separate sheets of paper if needed, and return to the Complaints Team, Strategic Support, Council Offices, Market Street, Newbury, Berks RG14 5LD and it will be passed to the appropriate Service.