゚㪀゚ **KILKENNY COUNTY COUNCIL** ゚㪀゚

**COMHAIRLE CHONTAE CHILL CHAINNIGH**

Kilkenny County Council is committed to providing an efficient and courteous service to all our customers.

If you are dissatisfied with the quality of service you received, please return this form to:

* *Complaints Officer, Corporate Affairs, County Hall, John Street, Kilkenny,*

***or***

* *E-mail to* [*info@kilkennycoco.ie*](mailto:info@kilkennycoco.ie)*.*

Your complaint will be dealt with in accordance with the complaints and appeals procedure adopted by Kilkenny County Council.

**[PLEASE WRITE IN BLOCK PRINT]**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_E MAIL ADDRESS(OPTIONAL)\_\_\_\_\_\_\_\_\_\_

**PLEASE GIVE DETAILS OF YOUR COMPLAINT:**

Directorate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of Complaint:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICIAL USE ONLY**

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| --- |
| Date Complaint Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred to/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Decision Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appeal Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appeal Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |