



# CUSTOMER COMPLAINT FORM

Kilkenny County Council is committed to delivering an efficient, quality service to you in an effective and caring manner. If you are dissatisfied with the quality of service you received, please return this form to:

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:	
TELEPHONE NUMBER:	
E-MAIL ADDRESS:	

**PLEASE GIVE DETAILS OF YOUR COMPLAINT:**

<b>DIRECTORATE:</b>	
<b>SERVICE AREA:</b>	
<b>DATE:</b>	

**CAUSE OF COMPLAINT:**

[illegible]

**SIGNED:**

DATE: \_\_\_\_\_

## OFFICIAL USE ONLY

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