

GLASGOW WEST HOUSING ASSOCIATION LIMITED
SERVICE QUALITY GUARANTEE
COMMENTS AND COMPLAINTS POLICY
FEEDBACK FORM
REF: FC200...../...../.....

Please let us know if you have a **COMMENT, SUGGESTION or COMPLAINT** to make about any aspect of our service or how the Association has dealt with you. Prior to completing this Form, please read the information leaflet "Service Quality Guarantee - Comments and Complaints Policy Guidance".

If you have any queries about completing this Form or if you need assistance to complete it, please contact the office. Please continue on a separate sheet if necessary.

I WANT TO: make a comment ()
 make a suggestion ()
 make a complaint () **(Please tick.)**

THE DETAILS OF MY FEEDBACK ARE:
 (Please be as specific as possible. Provide dates relating to events and/or supporting documentation)

.....

HOW HAS THIS AFFECTED YOU?
 (Please tell us how this matter has affected you?)

.....

WHAT ACTION DO YOU THINK WOULD BE FAIR AND REASONABLE FOR US TO TAKE?

.....

HAVE YOU SPOKEN WITH A MEMBER OF OUR STAFF ABOUT THIS MATTER?
 (If yes, please indicate who you spoke with and when and, if possible, provide a brief summary of the information you received)

.....

Signed ----- **Date** -----

You will automatically be sent an acknowledgement of your Feedback and it will be centrally recorded and taken into consideration.

Would you also like a written response ? Y / N

FOR OFFICE USE ONLY:

Date Recd	Passed To	Comp Stage	Acknow. Issued	Resp Issued	File Closed	Sat Form Issued	Further Action

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