



APPEALS AGAINST THE OUTCOME OF LOCAL RESOLUTION

For Internal Use Only

We must receive your complaint within 29 days of the date of the letter telling you about the outcome of the complaint. This includes the time your appeal spends in the post.

Section 1: Your details	
Personal details:	
Title:	Mr <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)
First name:	
Surname:	
Date of birth	
Address details:	
House/flat number:	
House/building name:	
Street:	
Town:	
County:	
Postcode	
Contact details:	
Email address:	
Main contact number:	
Alternative contact number:	

Doing the right thing



Date you made on your complaint: Reference number (if known):

If you have received a letter about the outcome of the local resolution of your complaint, please give the date of that letter:
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Section 2: Would you like someone to act on your behalf?

Please tick as appropriate:

Yes I would like someone to act on my behalf: <input type="checkbox"/>	No, I don't want someone to act on my behalf: <input type="checkbox"/>
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If you selected yes, please provide the contact details of the person acting on your behalf:

Personal details:

Address details:



Contact details:

Do you agree with the outcome of the local resolution? Tick one box only.
Yes **No**

If your answer is **No**, please provide further information, continuing on a separate sheet if necessary.

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Do you feel the outcome was a proper outcome?

This means that, for example, you believe the outcome was not appropriate to the complaint, or the outcome did not reflect the evidence available. Tick one box only.
Yes **No**

If your answer is **No**, please provide further information, continuing on a separate sheet if necessary.

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If you have any documents that support your appeal please list below or attach to them to this form when submitting your appeal

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Signature of the person making this appeal:

Date:

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DD /MM / YYYY