

BLACK SLUICE INTERNAL DRAINAGE BOARD

Station Road, Swineshead, Boston Lincolnshire PE20 3PW
Tel: 01205 821440 Fax: 01206 820671

COMPLAINT FORM

Your name:

Your address, including postcode:

Your telephone number:

Your e-mail address:

What, briefly, is the nature of your complaint?

What went wrong? (please give as much detail as you can)

What do you think the Black Sluice IDB should do to put things right?

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Signed:

Date:

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A copy of this form will be logged in a register by the Chief Executive who will identify a senior person in the Board to deal with your complaint. We will send you an acknowledgement within five working days, telling you who is dealing with your complaint. Within 15 working days of the date of that acknowledgement that person will send you, in writing, either a full response, or a progress report if more details or investigation is required.

If you are not satisfied with the reply you receive then you should write again to the above address and arrangements will be made for a further review to be carried out at a more senior level in the Board.

FOR OFFICIAL USE:

Date received:

Reference number:

Person dealing:

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