



**Drumchapel
Housing**
Co-operative Limited

FOR OFFICE USE ONLY

REGISTRATION NO:

SERVICES COMPLAINT REPORT

To be completed by the Complainant or their Representative.

Please circle any **YES/NO** questions. If you have any difficulty in completing this form, please ask a member of staff to assist you. Attached is an information booklet which you should read before completing the form.

Thank you.

This form should be returned to:

DRUMCHAPEL HOUSING CO-OPERATIVE LIMITED

4 Kinclaven Avenue
Drumchapel, Glasgow G15 7SP

or by **FREEPOST** to:

**DRUMCHAPEL HOUSING CO-OPERATIVE LIMITED
FREEPOST SC06588**

Drumchapel, Glasgow G15 7RB

Tel: 0141 944 4902

Fax: 0141 944 8193

Email: enquiries@drumchapelhc.org.uk

Web: www.scottishhousingconnections.org

Public Opening Hours:

Monday to Thursday 9:00am to 12:30pm; 1:30pm to 5:00pm

Friday: 9:00am to 12:30pm; 1:30pm to 4:00pm



Name: _____

Address: _____

Telephone (Home): _____

May we phone you at this number? YES NO

Telephone (Work): _____

May we phone you at this number? YES NO

Telephone (Mobile): _____

May we phone you at this number? YES NO

E-Mail: _____

RELATIONSHIP TO CO-OPERATIVE (please ✓ all that apply):

- I am:
- A Tenant
 - A Prospective Tenant
 - A Member of the Public
 - A Contractor

Other (please give details):

1. Please tell us about your complaint, the more details the better. If you want help to tell us, let us know e.g. translation or a scribe.

What took place? Who was involved? When and where did it happen?

2. How has this affected you?

3. Is this the first time you have made this complaint? If not, please give details of when you previously reported the matter and to whom:

4. How would you like to see your complaint resolved?

5. May we visit or telephone you to discuss the complaint?

YES NO

Please tick as appropriate.

When would it be best to contact you?

Monday		Tuesday		Wednesday		Thursday		Friday	
am		am		am		am		am	
pm		pm		pm		pm		pm	

6. We respect that confidentiality is important in dealing with your complaint, however, it may be necessary for us to speak to other complainants, users of our services or even external agencies during our investigation. Do we have your permission to disclose this information?

YES NO

Please tick as appropriate.

PLEASE SIGN AND DATE THIS FORM:

Signature: _____

Date: _____

THANK YOU.