



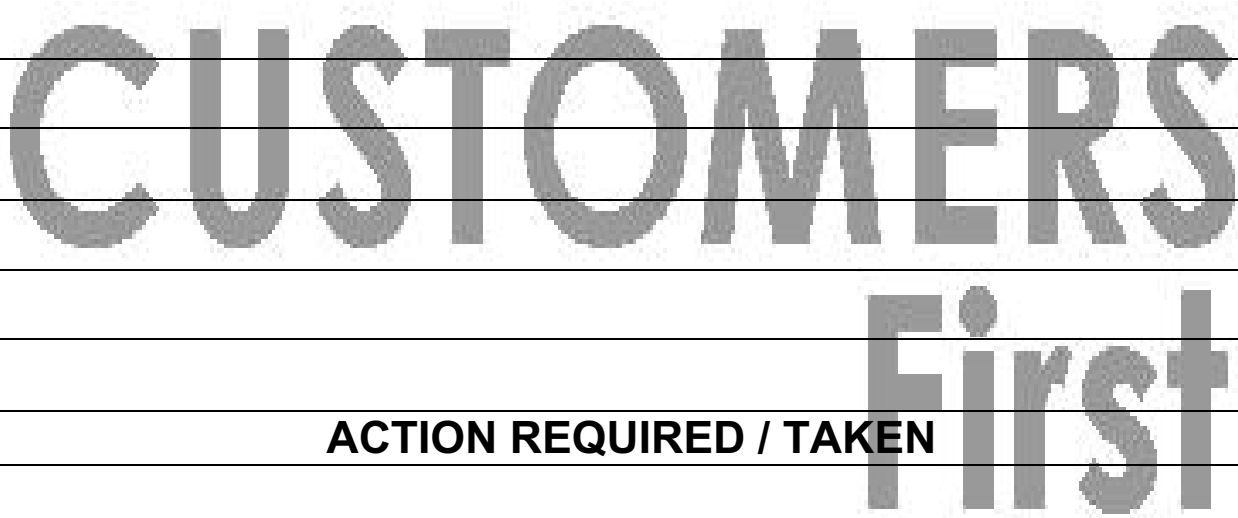
**HART DISTRICT COUNCIL
CUSTOMER COMMENTS FORM**



TELEPHONE		RECEPTION		INTERNAL	
LETTER		EMAIL		OTHER	
Complaint		Comment		Compliment	

Name of caller					
Address of caller					
E-mail					
Home Tel No.				Work Tel No.	
Date		Time		Taken by	
				Passed to (HoS)	

COMMENTS MADE

Subject	
	
ACTION REQUIRED / TAKEN	

Signed		Date	
Complaint reference			