



Complaint Form

HHP welcomes complaints and sees them as an opportunity to make our services better.

We are sorry if you are not happy with a particular aspect of our service and we assure you that your complaint will be treated seriously and in confidence. Please complete this form giving details of your complaint. Please **type** or **print** using **black ink**.

Title (Mr/Mrs/Miss/Ms)		
	Full Name	
	Address & Postcode	
Contact Telephone Numbers	Home	Work
	Mobile	
	Other Contact Details	
	E-mail	Fax

Please give details of your complaint below i.e. who, when, why:

Have you spoken to anyone at HHP about this?

If yes, please tell us who

When did you contact them?

You can choose if you wish to complete the next two sections but please ensure you sign this form

What are you looking for to resolve your complaint?

Could you suggest how this might be avoided in future?

Declaration - Please sign and date this form

Signature

Date

Please return this form to: **John MacIver**
Director of Operations
Hebridean Housing Partnership
Creed Court, Gleann Seileach Business Park
Willowglen Road
STORNOWAY
Isle of Lewis, HS1 2QP

Tel: 0300 123 0773