Adult Social Care Feedback Form

Please use BLACK ink if possible.

Name: 

Address: 

Postcode: 

Telephone: 

Email 

This is a (please tick): Comment ☐ Compliment ☐ Complaint ☐

Please give details of your complaint or compliment below:

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________________________________________________________________________
If you are making a complaint, what do you want us to do now?

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_________________________________________________________________________

__________________________________________
Signed:

__________________________________________
Date:

If you have asked someone to fill in this form on your behalf, please ask them to complete their details below:

Name: ____________________________________________

Address: ___________________________________________

_________________________________________________________________________

Postcode: _________________________________________

Telephone: _________________________________________

Email: ____________________________________________

Please send the completed form to:-
Sue Ayers, Compliance and Customer Relations Team, Cheshire East Council
Floor 1, Westfields, c/o Municipal Buildings, Earle Street, Crewe, CW1 2BJ

Alternatively, the form may be emailed to:-
socialcarecomplaintsmanager@cheshireeast.gov.uk